| Organization ID # 1068201 State of origin KY Filing fee \$130.00 Michael G. Adams, Secretary of State | | | | te Michael G. A Kentucky Se Received an 3/2/2021 12: Fee Receipt: | 1068201.06dwilliams LRPFMichael G. AdamsKentucky Secretary of State Received and Filed: 3/2/2021 12:26 PM Fee Receipt: \$130.00 | |
|--|---|------------------------------------|---|--|---|--|
| Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Reinstatement Application and Reinstatement Annual Report For the years 2020 through 2021 | | | | RST | |
| Exact limited liability company na | | address | | pal office address and e address cannot be o | | |
| TRAXLER HOME IMPROV 750 SPAULDING HOLLOV NEW HAVEN KY 40051 | | | f orm. Whe addresses reinstateme filed online | n reinstating, you cannot be until the reinstatement i ent is filed, the statement at <u>app.sos.ky.gov/ftse</u> d from our website. | ot modify the s filed. Once the of change can be | |
| Registered Agent and Registered Jeremiah Traxler 750 Spaulding Hollow Rd New Haven, KY 40051 If the above company is included in a p company's information here (optional) FEIN: Name: | | ax return as a d | isregarde | | ent | |
| Members - List the name And address of LLCs are not required to list their members | the limited liability company's me | mbers. If not specif | ed, addresses default to the LL | C's principal office addi | ess Member-managed | |
| Lerenzah Traith | | | | | | |
| | | phoni in in its | | | | |
| | | | | | | |
| The above entity was administrative The undersigned states that the gro requirements of KRS 275 295. Encl | ounds for dissolution eithe osed is a check in the an | er did not exist nount of \$130 | or have been eliminated 10, payable to Kentucky | i, and the entity's State Theasurer. | name satisfies the | |
| Under penalty of perjury, the below information pertaining to Traxler Ho 271B.14-220. If not an officer of said entity, please | me Improvements LLC to | o the Secretary | of State, as required fo | r reinstatement p | pplicable tax ursuant to KRS | |
| X Stightature of Anertaber OL marriagen (| <u> </u> | eaister | ed Aa ant itle (Required) | | 29-Z Date (Required) | |
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| Traxler Home Improvements LLC 750 Spaulding Hollow Rd | Notice Date: KY SoS Org. ID: | March 2, 2021 |
|--|---------------------------------|---------------|
| New Haven KY 40051 | - | |

| RE: | Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue. | | | | |
|------------------------|---|--|--|--|--|
| SUMMARY | | | | | |
| OUR DETERMINATION | We verified the following information. | | | | |
| | You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. | | | | |
| | This notice will remain current for 30 days from the notice date above. | | | | |
| WHAT YOU NEED TO DO | If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx. | | | | |
| CONTACT INFORMATION | If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310 | | | | |