

Organization ID # 0941502

State of origin KY

Filing fee \$115.00

# Commonwealth of Kentucky

## Alison Lundergan Grimes, Secretary of State



0941502.06

amcray  
LRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
11/21/2017 2:51 PM  
Fee Receipt: \$115.00

Alison Lundergan Grimes  
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 year 2017

**Exact limited liability company name and principal office address**

SKYE LASHES LLC  
211 CLOVER LANE  
#2  
SAINT MATTHEWS KY 40207

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

James Brandon Johnson  
10345 Linn Station Road  
Louisville, KY 40223

**FEIN (Optional)**

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**Members** - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

Amber Skye Fair      118 N Birchwood Ave. Louisville Ky 40206

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Skye Lashes LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

**X**       Owner      11/21/17  
Signature of member or manager (Required)      Title (Required)      Date (Required)



**DANIEL P. BORK**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

November 21, 2017

**Skye Lashes LLC  
2704 FRANKFORT AVE  
LOUISVILLE KY 40206**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Skye Lashes LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I  
Pass Through Entity Branch  
501 High Street, Mail Station 52  
Frankfort, KY 40601  
Phone# (502) 564-2169  
Fax# (502) 564-0058

Kentucky Secretary of State organization number 0941502