| Organization ID # 0758107 State of origin KY Filing fee \$145.00 Michael G. Adams, Secretary of State | | of State Michael G. Adams Kentucky Secretary of State Received and Filed: |
|--|--|--|
| Michael G. Adams Secretary of State P. O. Box 718 | Reinstatement Applicati Reinstatement Annual I | |
| Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | For the years 2021 through | |
| xact limited liability company nam BLAKE-ALBINA THOROUG 3349 ELKCHESTER ROAD LEXINGTON KY 40510 | | 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 <u>https://</u> web.sos.ky.gov/hussearch.nprofile/search or can be downloaded from our website. |
| egistered Agent and Registered C RICHARD E. VIMONT 444 EAST MAIN STREET SUITE 101 LEXINGTON, KY 40507-192 the above company is included in a par ompany's information here (optional): | | |
| EN:Name: lembers - List the name And address o anaged LLCs are not required to list their me | f the limited liability company's members. If not specified, addresed by the specified of t | sses default to the LLC's principal office eddress., Member- |
| Ron Blake Hanzly Albina | | |
| | | |
| 021. The undersigned states that t atisfies the requirements of KRS 2 | ly dissolved on October 18, 2021 because the entit he grounds for dissolution either did not exist or ha 75.295. Enclosed is a check in the amount of \$145 signed hereby authorizes the Kentucky Department | ave been eliminated, and the entity's name |

Signature of member Or manager (Required) Title (Required) Date (Required)



BLAKE-ALBINA THOROUGHBRED SERVICES, LLCNotice Date:January 10, 20243349 ELKCHESTER ROADKY SoS Org. ID:0758107LEXINGTON KY, 40510LCLCLC

| RE: | Letter of Good Standing Request - Approved | |
|------------------------|---|--|
| SUMMARY | You requested a letter of good standing, and your entity is in good standing with the Department of Revenue. | |
| 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: Bruce REV3968, Revenue Section Supervisor Email: Bruce.Owens@ky.gov Direct: 502-564-2038 | |