Organization ID # 0795308 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams

**Kentucky Secretary of State** Received and Filed: 10/17/2022 2:34 PM Fee Receipt: \$115.00

Michael G. Adams 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 2022

Exact limited liability company name and principal office address

**DENNY BRUMMETT, DMD, LLC** 

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the

| 146 COLSON DRIVE<br>BRONSTON KY 42518                                                                                                                                                                     | and the second s | reinstatemer<br>filed online a                  | ntil the reinstatement is filed. Once the<br>it is filed, the statement of change can be<br>thttps:/web.sos.ky.gov/ftsearch or car<br>ed from our website. |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Registered Agent and Registered Office Address DENNY BRUMMETT 146 COLSON DRIVE BRONSTON, KY 42518 If the above company is included in a parent company company's information here (optional): FEIN: Name: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FEIN (O                                         | otional)<br>rent                                                                                                                                           |              |
| Managers - List the name And address of the limited liabili                                                                                                                                               | ty company's managers. If not speci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ified, addresses default to the LL              | C's principal office address.                                                                                                                              |              |
| DENNY BRUMMETT                                                                                                                                                                                            | <del>* </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                                                            |              |
| 4.5.24.50                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                                                                                                                            |              |
|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                                                                                                                            |              |
|                                                                                                                                                                                                           | Commence of the State of the St |                                                 |                                                                                                                                                            |              |
| The above entity was administratively dissolved of the undersigned states that the grounds for dissolved requirements of KRS 275.295. Enclosed is a che                                                   | olution either did not exist o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or have been eliminated                         | and the entity's name satisfie                                                                                                                             | 22.<br>s the |
| Under penalty of perjury, the below signed hereb information pertaining to DENNY BRUMMETT, D 271B.14-220.                                                                                                 | y authorizes the Kentucky<br>MD, LLC to the Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Department of Revenue of State, as required for | to release any applicable tax<br>reinstatement pursuant to KRS                                                                                             | 3            |
| If not an officer of said entity, please provide a D                                                                                                                                                      | eclaration of Power of Attor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rney with the Reinstaten                        | ent Application.                                                                                                                                           |              |
| X Sonature of member Or manager (Required)                                                                                                                                                                | MW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Weguired)                                       | 10/10/2<br>Date (Regulfred)                                                                                                                                | <u>z</u>     |
|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                                                                                                                            |              |

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

DENNY BRUMMETT, DMD, LLC 3876 SOUTH HIGHWAY 27 SOMERSET KY 42501

Notice Date: October 17, 2022

KY SoS Org. ID: 0795308

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.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
  - 2. 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.
  - 3. 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 II

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310