Organization ID # 1159912 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1159912.06

dwilliams LRPF

Michael G. Adams Kentucky Secretary of State Received and Filed:

Received and Filed: 11/10/2022 9:56 AM Fee Receipt: \$115.00

170

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

LASHESBYANASTASIA LLC 520 OVERTON ST APT 2N NEWPORT KY 41071 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 https://web.sos.ky.gov/ftsearch or can be downloaded from our website.

		<u>lweb.sos.ky.gov(ffsearch</u> or can be downloaded from our website.
Registered Agent and Registered Office Addre	ess	
ANASTASIALOVINS	· · · · · · · · · · · · · · · · · · ·	
520 OVERTON ST, APT. 2N		
NEWPORT, KY-41071		
f the above company is included in a parent company company's information here (optional):	's Kentucky tax return as a disregarded	
EIN: Name:		•
Members = List the name And address of the limited lia managed LLCs are not required to list their members.		s default to the LLC's principal office address., Member-
AMASHOU LOVINS	SAO OVERTON CT PIPTIA	IN INEVERTED ALL !!
	•	1
	· · · · · · · · · · · · · · · · · · ·	
The above entity was administratively dissolved The undersigned states that the grounds for dis the requirements of KRS 275.295. Enclosed is	ssolution either did not exist or have been a check in the amount of \$115.00, payabl	eliminated, and the entity's name satisfies e to Kentucky State Treasurer.
Under penalty of perjury, the below signed here information pertaining to Lashesbyanastasia L 2718,14-220	by authorizes the Kentucky Department on LC to the Secretary of State, as required for	Revenue to release any applicable tax or reinstatement pursuant to KRS
front an afficer of said entity, please provide a E X Signature of member Or manager (Required)	Peclaration of Power of Attorney with the R	einstatement Application,
to the common of the common to the state of the common of	· · · · · · · · · · · · · · · · · · ·	. , ,

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

Las hes byanas tas ia LLC 520 Overton St Apt 2n Newport KY 41071

Notice Date:

November 10, 2022

KY SoS Org. ID: 1159912

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.
- 3. 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: James REVE277, Taxpayer Services Specialist II

Email: James.Sutherland@ky.gov

Direct: 502-564-7359