Organization ID # 0869517 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Stat

0869517.06

amcray **LRPF**

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 1/22/2015 2:32 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 2014

RST

Exact limited liability company name and principal office address

KY HOME PROVIDERS, LLC **3475 LYON DRIVE, NO. 61 LEXINGTON KY 40513**

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 or can be downloaded from our website.

Registered Agent and Registered Office Address

CLAYTON S. HALL 3475 LYON DRIVE, NO. 61 **LEXINGTON, KY 40513**



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

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Clayton.	S. Hall	3475	Lyon D	r # 61	Lexiniton	141 40-13
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The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 KY HOME PROVIDERS, 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.

MANACIEL
Title (Refluired)

stephanue Brown 502-564-2028 *0869517



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

January 22, 2015

KY HOME PROVIDERS, LLC 3475 LYON DRIVE, NO. 61 LEXINGTON KY 40513

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KY HOME PROVIDERS, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Stephanie REVX219, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0869517

