State of origin — Ki Filing fee \$130.00

Michael G. Adams, Secretary of State

0881617.06

Fee Receipt: \$130.00

mwellman LRPF

Michael G. Adams Kentucky Secretary of State Received and Filed: 1/10/2024 8:40 AM

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490

http://www.sos.ky.gov

LOUISVILLE KY 40217

Signature of member Or manager (Required)

Reinstatement Application and Reinstatement Annual Report For the years 2023 through 2024

110

Date (Required)

Exact limited liability company name and principal office address
LUMPYLICIOUS, LLC
1516 SOUTH SHELBY STREET

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/bussearchnprofile/search or can be downloaded from our website.

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		sale marge, can b	e downloaded from our website	e
Registered Agent and Registered Office Addres	is in the second			
WALTER WAYNE MADISON				
1516 SOUTH SHELBY STREET	The same of the	The second of the second of		
LOUISVILLE, KY 40217		\$1.		
If the above company is included in a parent company's	Kentucky tax return as a	disregarded		nt
company's information here (optional):				
FEIN: Name:		·		
Members - List the name And address of the limited liabil	lity companyle members If r	est appoiitied, addresses def	oult to the LLC's principal offi	ica addrese Member
managed LLCs are not required to list their members.	my company's members. If it	lot specified, addresses dei	aut to the LLC's philopal of the	ce address Wellibei-
WAYNE MADISON				
BRENDA MADISON		- 1 - 1 - 1 - 1	N 4 5 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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r Partico, especialistica e por especialistica e propriede e e e e e e e e e e e e e e e e e e				
The above entity was administratively dissolved on The undersigned states that the grounds for dissective requirements of KRS 275.295. Enclosed is a	olution either did not e	xist or have been elim	ninated, and the entity's	name satisfies
Under penalty of perjury, the below signed hereby information pertaining to LUMPYLICIOUS, LLC to				
ff not an officer of said entity, please provide a De	claration of Power of A	ttorney with the Reins	tatement Application.	
X votta (va. ed value)	mount	3. 3.27	1(3)	24'

Title (Required)

Website: www.revenue.ky.gov

Phone: 502-564-8139 Fax: 502-564-0058

LUMPYLICIOUS, LLC 1516 SOUTH SHELBY STREET LOUISVILLE KY, 40217 Notice Date: KY SoS Org. ID: January 10, 2024

): 088161**7**6

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 is letter.

3. You filed income and LLE tax returns as required, or you are exempt from filing.

4. You have no outstanding the assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain corrent 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 scretary of State a letter of good standing from the Division of hemployment 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 III

Email: James.Sutherland@ky.gov

Direct: 502-564-7359