| Organization ID # 0863318 State of origin KY Filing fee \$160.00 M | Commonwealth of Ke ichael G. Adams, Secret | • | 0863318.06 J Michael G. Adams Kentucky Secretary of State Received and Filed: 12/2/2020 11:31 AM Eao Receiver: \$160.00 |
|--|--|--|--|
| Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Reinstatement Annu | einstatement Application and Fee Receipt: \$160.00 RST For the years 2017 through 2020 | |
| xact limited liability company na GOODNIGHTMOON PROF 337 BERNIE TRAIL NICHOLASVILLE KY 4035 | PS LLC | name/office add form. When reins addresses until th reinstatement is f | fice address and registered agent ress cannot be changed on this stating, you cannot modify the ne reinstatement is filed. Once the iiled, the statement of change can be <u>osos ky.gov/ftsearch</u> or can be our website. |
| ompany's information here (optional)? EIN: Name: Iembers - List the name And address of | | | t incipal office address Member-managed |
| Cs are not required to list their members | | | |
| 1 1 2000 323 | | N 888 | |
| | | interna internationalista in | |
| he undersigned states that the group equirements of KRS 275 295. Enclo Inder penalty of perjury, the below, offormation pertaining to GOODNIG 71B 14-220 | y dissolved on October 9, 2017 because the inds for dissolution either did not exist of hav used is a check in the amount of \$160.00, pa signed hereby authorizes the Kentucky Depa HTMOON PROPS LLC to the Secretary of St | e been eliminated, an yable to Kentucky Sta rtment of Revenue to ate, as required for re | id the entity's name satisfies the te Treasurer. release any applicable tax instatement pursuant to KRS |
| not an officer of said entity, please | provide a Declaration of Power of Attorney v (ED) Title (Re | | |
| | Repuired Title (Rev | | pi |
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GOODNIGHTMOON PROPS LLC 337 BERNIE TRAIL NICHOLASVILLE KY 40356 Notice Date: December 1, 2020 KY SoS Org. ID: 0863318

| RE: | Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue. | | |
|------------------------|---|--|--|
| SUMMARY | | | |
| 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. | | |
| | This holice will remain current for 50 days non-the holice 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: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310 | | |