Organization ID # 1042318 State of origin KY ₽iling fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1042318.06

dwilliams **LRPF**

Michael G. Adams **Kentucky Secretary of State**

Received and Filed: 7/24/2020 11:49 AM Fee Receipt: \$130.00

RST

Date (Required)

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 years 2019 through 2020

Exact limited liability company name and principal office address FOREST SPRING CARE L.L.C. 3512 FOREST SPRING CT **LEXINGTON KY 40509**

Signature of member Or manager (Required)

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		
Jerry W Wilsor	า		
3512 Forest Sr	oring Ct		
Lexington, KY	40509		
		Kentucky tax return as a disregarde	
company's information her			
FEIN: N	ame:		
Mombore - Calle	Book and allowers of the Books of Harling		- t I Ole value in the Constitution of the Con
LLCs are not required to list the		mpany's members. If not specified, addresses default to the	e LLC's principal office address Member-managed
Jerry Wilson	. members.		
			to the second se
Steven Tyree		5	
		· · · · · · · · · · · · · · · · · · ·	*
The above entity was ac	lministratively dissolved on	October 16, 2019 because the entity did not	file its annual report for the year 2019
		tion either did not exist or have been eliminate	
		in the amount of \$130.00, payable to Kentu	
•		• • • • • • • • • • • • • • • • • • • •	
		authorizes the Kentucky Department of Reve	
nioimation pertaining to 271B.14-220.	rorest Spring Care L.L.C.	to the Secretary of State, as required for rei	instatement pursuant to KR5
•			
f not an officer of said e	entity, please provide a Decl	aration of Power of Attorney with the Reinst	atement Application.
v ()	/ -	Registered Agent	7/21/20
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Website: www.revenue.ky.gov Phone: 502-564-8139

502-564-0058 Fax:

Forest Spring Care L.L.C. 3512 Forest Spring Ct **Lexington KY 40509**

Notice Date: July 24, 2020 KY SoS Org. ID: 1042318

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: Tonja REV3883, Taxpayer Services Specialist II

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289