Organization ID# 1203320 State of origin KY Filing fee \$130.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of Stat

1203320.06

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Michael G. Adams Kentucky Secretary of State

Received and Filed: 5/29/2024 1:27 PM Fee Receipt: \$130.00

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 2023 through 2024

RST

Date (Required)

Exact limited liability company name and principal office address
HOLLEY'S HOME IMPROVEMENTS & HANDYMAN SERVICES, LLC
5880 N. JACKSON HIGHWAY
CAVE CITY KY 42127

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 <a href="https://web.sos.ky.gov/bussearchnprofile/search.aspx">https://web.sos.ky.gov/bussearchnprofile/search.aspx</a>

#### Registered Agent and Registered Office Address

Signature of member Or manager (Required)

CHRISTOPHER A. HOLLEY 5880 N. JACKSON HIGHWAY CAVE CITY, KY 42127

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN:

Name:

Members - List the name And address of the limited limited limited LCs are not required to list their members.	ability company's members. If not specified, addresses de	efault to the LLC's principal office address Member
The above entity was administratively dissolved. The undersigned states that the grounds for ditte requirements of KRS 275.295. Enclosed is	ssolution either did not exist or have been eli	minated, and the entity's name satisfies
Under penalty of perjury, the below signed here information pertaining to HOLLEY'S HOME IMPreinstatement pursuant to KRS 271B.14-220.	eby authorizes the Kentucky Department of Ro PROVEMENTS & HANDYMAN SERVICES, LLC	evenue to release any applicable tax C to the Secretary of State, as required for
If not an officer of said entity, please provide a l	Declaration of Power of Attorney with the Rein	statement Application.
X Milly	OUNE	2-18-24

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

Fax: 502-564-0058

**HOLLEY'S HOME IMPROVEMENTS & HANDYMAN** Notice Date: May 29, 2024 KY SoS Org. ID: 1203320 SERVICES, LLC 5880 N. JACKSON HIGHWAY **CAVE CITY KY, 42127** 

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

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: Megan REVY099, Taxpayer Services Specialist III

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310