Organization ID # 1083422 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1083422.06

Fee Receipt: \$115.00

dwilliams **LRPF**

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 11/16/2021 2:13 PM

RST

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 year 2021

Exact limited liability company name and principal office address **KELLY MADISON AGENCY LLC**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot

1312 EASTVIEW DR MADISONVILLE KY 42431		modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the	
		statement of change can be filed online https://www.ncbs.cs.ky.gov/ftsearch or can be	
Registered Agent and Registered Office	e Address		
Kelly M Madison 1312 Eastview Dr Madisonville, KY 42431			
If the above company is included in a parent company's information here (optional); FEIN: Name:	ompany's Kentucky tax return as a disregarde	d entity or a subsidiary, please provide th	ne parent
ren. Name.	7		
Members - List the name And address of the I managed LLCs are not required to list their members	limited liability company's members. If not specified,	addresses default to the LLC's principal office	address Member-
Kely M Madson	1312 Eastview De, Ma	disonville, KY 42431	
The above entity was administratively dis 2021. The undersigned states that the great satisfies the requirements of KRS 275.2. Under penalty of perjury, the below signer information pertaining to Kelly Madison A 271B.14-220.	rounds for dissolution either did not exist 95. Enclosed is a check in the amount of ed hereby authorizes the Kentucky Depart	or have been eliminated, and the er \$115.00, payable to Kentucky State ment of Revenue to release any app	ntity's name Treasurer. Nicable tax
	ide a Declaration of Power of Attorney wit	h the Reinstatement Application.	
x Kellyabolon	member	Wala	21
Signature of member Or manager (Require	red) Title (Requi	red) Date	(Required)

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

Fax: 502-564-0058

Kelly Madison Agency LLC 1312 Eastview Dr Madisonville KY 42431

Notice Date:

November 16, 2021

KY SoS Org. ID: 1083422

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.
- 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: Cory REV4079, Revenue Auditor I

Email: Cory.Johnson@ky.gov Direct: (502) 564-7370