Organization ID # 1042926 State of origin KY Filing fee \$130.00 Mi	Commonwealth of Ker chael G. Adams, Secreta	ntucky	williams LRPF
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applic Reinstatement Annu For the years 2021 throu	al Report RST	9:14 AM pt: \$130.00
Exact limited liability company name and principal office address FEEL THE LOVE HOME HEALTHCARE L.L.C. 2013 W 9TH ST OWENSBORO KY 42301		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 <u>https:</u> <u>\web.sos.ky.gov\ftsearch</u> or can be downloaded	
company's information here (optional): FF	e HealthCare ent company's Kentucky tax return as a disregarde	—	
Members - List the name And address o managed LLCs are not required to list their me PHYLLIS L SIDDON	f the limited liability company's members. If not specified, nbers.	addresses default to the LLC's principal office address Me	mber-
2021. The undersigned states that t	he grounds for dissolution either did not exist	entity did not file its annual report for the year or have been eliminated, and the entity's name \$130.00, payable to Kentucky State Treasurer.	r.
		ment of Revenue to release any applicable tax of State, as required for reinstatement pursuar	nt to

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. ddon Owner_ <u>X</u> iD Signa(ure of member Or manager (Required) Title (Required) ired)

· .

Date (Required)



Feel The Love Home HealthCare	L.L.C.
2410 WEST PARRISH AVE	
Owensboro KY 42301	

Notice Date:April 29, 2022KY SoS Org. ID:1042926

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. 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.
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: Bruce REV3968, Taxpayer Services Specialist II Direct: 502-564-2038