Organization ID# 0656327 **Commonwealth of Kentucky** State of origin Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0656327.06

mstratton **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 10/21/2014 11:06 AM Fee Receipt: \$115.00

RST

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

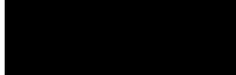
Reinstatement Application and Reinstatement Annual Report For the year 2014

Exact limited liability company name and principal office address DIANA R. DELP M.ED, LMFT PLLC 2210 GOLDSMITH LANE SUITE 103 **LOUISVILLE KY 40218**

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

ERIC K. DELP



7109 FEYHURST DR.		
LOUISVILLE, KY 40258		
Members - List the name and address of the limited liability company's m LLCs are not required to list their members.	embers. If not specified, addresses default to the LLC's principal	office address Member-managed
DIANA ROSE DELP		
ERIC K. DELP		
		· · · · · · · · · · · · · · · · · · ·
The above entity was administratively dissolved on Septem 2014. The undersigned states that the grounds for dissolution satisfies the requirements of KRS 275.295. Enclosed is a classical content of the	on either did not exist or have been eliminated, a	and the entity's name
Under penalty of perjury, the below signed hereby authorize information pertaining to DIANA R. DELP M.ED, LMFT PLL 271B.14-220.	s the Kentucky Departme nt of Revenue to releat C to the Secretary of State, as required for reinst	se any applicable tax tatement pursuant to KRS
If not an officer of said entity, please provide a Declaration of	of Power of Attorney with the Reinstatement App	lication.
X Exi K. Dolo	AGEUT / MEMBER	10/13/14
Signature of member or manager (Required)	Title (Required)	Date (Required)
•		



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 20, 2014

DIANA R. DELP M.ED, LMFT PLLC 2210 GOLDSMITH LANE SUITE 103 LOUISVILLE KY 40218

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **DIANA R. DELP M.ED, LMFT PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0656327

