Organization ID# 0881431 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0881431.06

Date (Required)

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 12/19/2018 11:29 AM Fee Receipt: \$130.00

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

member or manager (Required)

Reinstatement Application and Reinstatement Annual Report

For the years 2017 through 2018

| Exact limited liability company name and principal office address SYNERGY-CENTERS LLC P.O. BOX 70005 LOUISVILLE KY 40270 | 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 | FEIN (Optional) |
| ANUJ G. RASTOĞI | |
| 462-S. FOURTH STREET, STE. 2200 | T |
| LOUISVILLE, KY 40202 If the above company is included in a parent company's Kentucky tax return as a disrega | arde ent |
| ompany's information here (optional): | |
| FEIN: Name: | |
| | |
| Managers - List the name and address of the limited liability company's managers. If not specified, a | ddresses default to the LLC's principal office address. |
| SCOTT HOWE JR | |
| COURTNEY CELASUN | |
| GANT HILL | % |
| | and the same of th |
| | |
| The above entity was administratively dissolved on October 9, 2017 because the The undersigned states that the grounds for dissolution either did not exist or ha requirements of KRS 275.295. Enclosed is a check in the amount of \$130.00, page 1. | ive been eliminated, and the entity's name satisfies the |
| Under penalty of perjury, the below signed hereby authorizes the Kentucky Depa information pertaining to SYNERGY-CENTERS LLC to the Secretary of State, as 271B.14-220. | artment of Revenue to release any applicable tax s required for reinstatement pursuant to KRS |
| If not an officer of said entity, please provide a Declaration of Power of Attorney | |
| V | 10-10-10 |

Title (Required)

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

502-564-0058 Fax:

SYNERGY-CENTERS LLC P.O. BOX 70005 **LOUISVILLE KY 40270**

Notice Date:

December 19, 2018

KY SoS Org. ID: 0881431

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: Stephanie REVX219, Taxpayer Services Specialist II

Email: Stephanie.Brown@ky.gov

Direct: 502-564-2028