## glowe 0871733.06 LRPF Organization ID # 0871733 **Commonwealth of Kentucky** Michael G. Adams State of origin KY Kentucky Secretary of State Michael G. Adams, Secretary of State Received and Filed: Filing fee \$130.00 8/5/2022 9:50 AM Fee Receipt: \$130.00 Michael G. Adams **Reinstatement Application and** Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the years 2021 through 2022 (502) 564-3490 http://www.sos.ky.gov Exact limited liability company name and principal office address The principal office address and registered agent name/office address cannot be changed QUALITY HOME CARE SERVICES, LLC on this form. When reinstating, you cannot **123 N. SHAWNEE TERRACE** modify the addresses until the reinstatement is LOUISVILLE KY 40212 filed. Once the reinstatement is filed, the statement of change can be filed online at https: \web.sos.ky.gov\ftsearch or can be downloaded Registered Agent and Registered Office Address UNITED STATES CORPORATION AGENTS, INC 9900 CORPORATE CAMPUS DRIVE **SUITE 3000** LOUISVILLE, KY 40223 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 liability company's members. If not specified, addresses default to the LLC's principal office address... Member managed LLCs are not required to list their members. SHANITA FLANAGAN The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer. Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to QUALITY HOME CARE SERVICES, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220. If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. ionature of member Or Title (Required)



## QUALITY HOME CARE SERVICES, LLC 4519 SOUTHWESTERN PKWY LOUISVILLE KY 40212

Notice Date: August 4, 2022 KY SoS Org. ID: 0871733

RE:	Letter of Good Standing Request - Approved
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist II Email: MeganD.Roberts@ky.gov Direct: 502-564-7310