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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:

Received and Filed: 11/15/2018 2:26 PM Fee Receipt: \$115.00

Organization ID # 0828334 Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

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 2018

RST

Exact limited liability company name and princip MY CAMPAIGN STORE, LLC 304 WHITTINGTON PARKWAY SUITE 600 LOUISVILLE KY 40222	pal office address	The principal office address and registered age 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 filed online at <a href="mailto:app.sos.kv.gov/ftssarch">app.sos.kv.gov/ftssarch</a> or can be downloaded from our website.	
Registered Agent and Registered Office Address DAVID W. HENDERMAN 304 WHITTINGTON PARKWAY SUITE 107 LOUISVILLE, KY 40222 If the above company is included in a parent company's company's information here (optional):		е	
FEIN: Name:			
Managers - List the name and address of the limited liability or	empany's managers, if not specified, addresse	es default to the LLC's principal office address.	
DAVID W. HENDERMAN			
The above entity was administratively dissolved on The undersigned states that the grounds for dissolu	tion either did not exist or have be	en eliminated, and the entity's name satisfi	2018. es the
requirements of KRS 275.295. Enclosed is a check	in the amount of \$115.00, payable	to Kentucky State Treasurer.	
Under penalty of perjury, the below signed hereby a information pertaining to MY CAMPAIGN STORE, L 271B.14-220.	uthorizes the Kentucky Departme LC to the Secretary of State, as re	nt of Revenue to release any applicable tax equired for reinstatement pursuant to KRS	(
If not an officer of said entity, please provide a Decl	aration of Power of Attorney with the	he Reinstatement Application.	
× 11/11	· · · · ·	/ 1	
X Helleman	Manager		8
Signature of member or manager (Required)	Title (Required)	Date (Required)	

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

502-564-0058 Fax:

MY CAMPAIGN STORE, LLC 304 WHITTINGTON PARKWAY **SUITE 107 LOUISVILLE KY 40222** 

Notice Date:

November 15, 2018

KY SoS Org. ID: 0828334

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: Jessica REV3999, Revenue Program Officer

Email: Jessica.Roberts@ky.gov

Direct: 502-564-1056