Organization ID # 0896235 Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0896235.06

vmiller LRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 12/16/2019 4:36 PM Fee Receipt: \$130.00

Reinstatement Application and Reinstatement Annual Report For the years 2018 through 2019

RST

Exact limited liability company name and principal office address

CTV SERVICES LLC 10807 BELL ROCK COURT LOUISVILLE KY 40243

Alison Lundergan Grimes

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

TAXPAYER 10 \$ 000514285

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. Should be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

LOUISVILLE NT 40243		app.sos.ky.gov/ftsearch or can be om our website.
Registered Agent and Registered Office Address ANUJ G. RASTOGI 462 S. FOURTH STREET STE. 220 LOUISVILLE, KY 40202		
If the above company is included in a parent company's K company's information here (optional):  FEIN: Name:	entucky tax return as a disregards	
Managers - List the name And address of the limited liability co	mpany's managers. If not specified, addresses default to the LLC	s principal office address.
CHRISTOPHER PAUL VILLIER		
TERESA LEE VILLIER		
The above entity was administratively dissolved on 0 The undersigned states that the grounds for dissolut requirements of KRS 275.295. Enclosed is a check i	ion either did not exis <del>t or h</del> ave been eliminated, a	and the entity's name satisfies the
Under penalty of perjury, the below signed hereby a information pertaining to CTV SERVICES LLC to the	uthorizes the Kentucky Department of Revenue to Secretary of State, as required for reinstatemen	o release any applicable tax t pursuant to KRS 271B.14-220.
If not an officer of said entity, please provide a Decla	ration of Power of Attorney with the Reinstateme	nt Application.
X GAPVM	MANASER	12/12/19
Signature of member Or manager (Required)  LHL 13TOPHEL PAUL VICLIEN	Title (Required)	Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139 502-564-0058 Fax:

CTV SERVICES LLC 10807 BELL ROCK COURT **LOUISVILLE KY 40243** 

Notice Date:

December 16, 2019

KY SoS Org. ID: 0896235

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: Faizul REV3943, Revenue Program Officer

Email: Faizul. Hoque@ky.gov

Direct: 502-782-2501