					08839	36.06	dwilliams LRPF
Organization ID # 0883936	0		f Karatu ala	_	Michael G		
State of origin KY		nonwealth o	-		Kentucky Received	Secretary o and Filed:	f State
Filing fee \$145.00	licnael G.	Adams, See	cretary of a	State	4/1/2021 1		
			· · · -			μι. φ145.00	
Michael G. Adams Secretary of State	Rein	statement A	pplication	and			_
P. O. Box 718 Frankfort, KY 40602-0718		statement A	• •				Γ
(502) 564-3490		r the years 2019	-				
http://www.sos.ky.gov							
Exact limited liability company na	me and princip	al office address				d registered ag	
H PROPERTIES LLC PO BOX 544				name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the			
HENDERSON KY 42419			rein	statement is fil	led, the stateme	ent of change ca earch or can be	
Registered Agent and Registered	Office Address	a de ser a companya de la companya d	· · · · · · · · · · · · · · · · · · · ·				
JOHN P. HODGE	Office Address						
7770 WATHEN LANE HENDERSON, KY 42420							
If the above company is included in a p company's information here (optional):		entucky tax return as a c	disregarde				
FEIN: Name:		· · · · · · · · · · · · · · · · · · ·			i De Arte		
Managers - List the name And address of JOHN P HODGE	f the limited liability co	mpany's managers. If not spe	cified, addresses default i	to the LLC's pr	rincipal office ac	idress.	
			• , • •				
		2000 2000 2000 2000 2000 2000 2000 200	dentéro				
			A Start Start				
The above entity was administrative The undersigned states that the gro requirements of KRS 275:295, Encl	unds for dissolut osed is a check i	ion either did not exist n the amount of \$145.	or have been elim 00, payable to Ken	inated, and tucky State	d the entity's e Treasurer	s name satis	fies the
Under penalty of perjury, the below information pertaining to H PROPER	RTIES LLC to the	e Secretary of State, as	s required for reins	tatement p	ursuant to k	<rs 271b.14<="" td=""><td>ix 4-220.</td></rs>	ix 4-220.
If not an officer of said entity please	provide a Decla	aration of Power of Atto	orney with the Rein	statement	Application.	1 1-	_
X COM 1. THE	Beguired)	Member	Title (Required)		<u></u>	<u> 23/2/</u>	۶ 
Signature of memilier Of manager						/Date (Rlēquiréd	)
		n and a second sec	: ۲۵ میکند. ( ایک میکند. ( ۲۵ میکند. میکند.				
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H PROPERTIES LLC PO BOX 544 HENDERSON KY 42419 Notice Date: March 31, 2021 KY SoS Org. ID: 0883936

RE:	Letter of Good Standing Request - Approved			
SUMMARY	requested a letter of good standing, and your entity is in <b>good</b> <b>ling</b> with the Department of Revenue.			
OUR DETERMINATION	We verified the following information.			
	<ol> <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				
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Tonja REV3883, Taxpayer Services Specialist II Email: Tonja.Lilly@ky.gov Direct: 502-564-7289			