Organization ID # 1078938 State of origin Filing fee \$115.00

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of State

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 12/28/2021 1:48 PM Fee Receipt: \$115.00

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

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## **Reinstatement Application and Reinstatement Annual Report** For the year 2021

|                                  |                    | PERTIES, L.L.C.<br>VN AVE           | and principal of                         | fice addres                 |                                       | Str. Comments (1964)         | The principal office addragent name/office addreson this form. When reins modify the addresses untitled. Once the reinstatem statement of change can \web.sos.ky.gov\ftsearctfrom our website. | ss cannot be changed<br>tating, you cannot<br>il the reinstatement is<br>ent is filed, the<br>be filed online at https: |
|----------------------------------|--------------------|-------------------------------------|--|-----------------------------|---------------------------------------|------------------------------|--|---|
|                                  |                    |                                     |  |                             | idi en                                |                              | nom our website.   |   |
|                                  |                    | Registered Off                      | fice Address                             |                             |                                       |                              |  |   |
|                                  | Andrew Hill        |                                     |  |                             |                                       |                              |  |   |
|                                  | 55 Woodlawn        | - 54                                |  |                             | 2 mm 2 mm 2 mm                        | 20.35_6.35.50.               |  |   |
|                                  | Fort Mitchell, K   |                                     |  |                             |                                       | •                            |  |   |
|                                  |                    | AP . SYS: 3 Vo.                     | nt company's Kentu                       | icky tax returi             | n as a disr                           | egarde                       | 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  | nt  |
|                                  | s information he   | re (optional):<br>ame:              |  |                             |                                       |                              |  |   |
| FBN:                             | IN                 | ime.                                | 184 <i>14</i><br>1 K                     |                             |                                       |                              |  |   |
| Membe                            | rs = List the name | e And address of t                  | he limited liability com                 | nonvie membe                | re If not en                          | ecified address              | es default to the LLC's pri  | ncipal office address Member-   |
|                                  |                    | ed to list their memb               |  | ipany 3 member              | is. II liot sp                        | conteu, address              |  | ioipai oi rioo addrooo Momboi   |
| ANDRE                            | W HILL             | / ANSTRUM                           |  | - Q.,                       | × 14.                                 | r (Tulkij) y                 | 11/2/24  |   |
| KEITH H                          |                    |                                     |  | \$6 II                      | W.                                    |                              |  |   |
|                                  |                    | 147-43-281                          |  | JH Na                       | 17,802                                | N. W. T. J. C.               | 55,35% 11000 K   |   |
|                                  |                    |                                     |  | 33 Sept (1)                 |                                       |                              |  |   |
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|                                  |                    |                                     |  | MAA AL                      | 4/12                                  |                              | ir ir vei u  | <u> </u>  |
| 2021. Th                         | e undersigned      | d states that the                   | grounds for dis                          | solution eith               | ier did no                            | texist or hav                | did not file its annua<br>e been eliminated, a<br>00, payable to Kentu   | nd the entity's name  |
| Under pe<br>informati<br>271B.14 | ion pertaining     | y, the below sig<br>to Praxis Prope | gned hereby auth<br>rities, L.L.C. to th | orizes the K<br>e Secretary | entucky D<br>of State, a              | epartment of<br>s required f | of Revenue to releas<br>or reinstatement pur   | e any applicable tax<br>suant to KRS  |

Title (Required)

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

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

Fax: 502-564-0058

Praxis Properties, L.L.C. 55 Woodlawn Ave Fort Mitchell KY 41017

Notice Date:

December 28, 2021

KY SoS Org. ID: 1078938

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.
- 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: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038