

Organization ID # 0800639

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

# Commonwealth of Kentucky

0800639.06

mstratton  
LRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
1/4/2013 1:44 PM  
Fee Receipt: \$115.00

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 2012

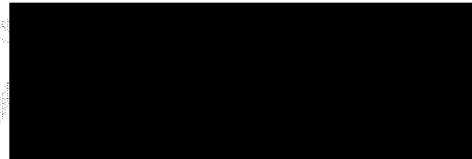
### Exact limited liability company name and principal office address

CLL, LLC  
PO BOX 1792  
CADIZ KY 42211

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, the statement of change can be filed online at [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

### Registered Agent and Registered Office Address

SUSAN B. HYDE  
312 MAIN STREET  
CADIZ, KY 42211



**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.


The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 \$115.00, 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 CLL, 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.

X Susan B Hyde  
Signature of member or manager (Required)

Owner  
Title (Required)

12-30-12  
Date (Required)



**THOMAS B. MILLER**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

January 4, 2013

**CLL, LLC  
PO BOX 1792  
CADIZ KY 42211**

Re: Request for a Letter of Good Standing

The Department of Revenue acknowledges receipt of your request for a letter of good standing for **CLL, LLC**. Revenue records indicate that the limited liability company has not filed Kentucky Corporation Income and LLET returns.

Based on the information submitted, this office has determined that returns are not required as of the date of this letter. The Department of Revenue requests the limited liability company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company.

This letter is valid for 30 days from the date of this letter.

Sincerely,

Mark Kuyper, Auditor I  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-2118  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0800639