Organization ID# 0931641 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of Stat Michael G. Adams

0931641.06

Fee Receipt: \$130.00

dwilliams **LRPF**

Kentucky Secretary of State Received and Filed: 11/2/2021 7:16 AM

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490

Reinstatement Application and **Reinstatement Annual Report** For the years 2020 through 2021

RST

http://www.sos.ky.gov			J		
Exact limited liability company nam DUNCAN PALMER RENTALS 37-WEST SECOND STREET MAYSVILLE KY 41056	S, LLC	1	ag on Ve inc	e principal office addressent name/office address this form. When reinstated office the addresses until to the addresses until to the addresses until to the addresses and the	cannot be changed ing you cannot he reinstatement is the filed the filed online at https:
Registered Agent and Registered O CHARLENE M. DUNCAN 3Z WEST SECOND STREE MAYSVILLE, KY 41056	* * * * * * * * * * * * * * * * * * *	rooke Driv-	<u> </u>		
f the above company is included in a pare company's information here (optional): FEIN: Name:		cky tax return as a	disregarded entity or	a subsidiary, please p	rovide the parent
Members - List the name And address of managed LLCs are not required to list their mem	the limited liability comp	pany's members. If n	ot specified, addresses o	lefault to the LLC's princip	oal office address Member
CHARLENE M DUNCAN					
ROSANNE K PALMER	Andrew Co.				
		然,我们看着蒙古			· · · · · · · · · · · · · · · · · · ·
The above entity was administratively The undersigned states that the grouth the requirements of KRS 275.295. Er Under penalty of perjury, the below sinformation pertaining to DUNCAN P. 2718.14-220.	inds for dissolution nclosed is a check gned hereby autho	either did not ex in the amount of rizes the Kentuc	ist or have been eli \$130.00, payable to ky Department of R	minated, and the er Kentucky State Tre evenue to release a	atity's name satisfies asurer. ny applicable tax
f not an officer of said entity, please p	provide a Declaration	on of Power of At	torney with the Rein	statement Application	on. , ,
X (Signature of member of manager (Re	(M)	Tax m	atters Party	er	16/28/21 Date (Required)
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Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

1 SOURCE CPA'S PLLC 2202 OLD MAIN ST **MAYSVILLE KY 41056**

Notice Date:

November 1, 2021

KY SoS Org. ID: 0931641

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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310