Organization ID# 1052242 State of origin Filing fee \$145.00

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

1052242.06

dwilliams **LRPF** 

**Kentucky Secretary of State** 

Received and Filed: 3/14/2022 10:23 AM Fee Receipt: \$145.00

RS 1

Michael G. Adams 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 years 2020 through 2022

Exact limited liability company name and principal office address

LEXINGTON LOOSE LEAF, LLC 267 CLEARVIEW DR **LEXINGTON KY 40503** 

Registered Agent and Registered Office Address

Patricia Maura Murphy 267 Clearview Dr Lexington, KY 40503

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 https: \web.sos.ky.gov\ftsearch or can be downloaded

The principal office address and registered

	ompany is included in a paren formation here (optional):	t company's Kentucky ta	x return as a disregar	ded entity or a subsidiar	y, please provide the parent
. ,	Name:				
	List the name And address of the are not required to list their memb	• • •	members. If not specifie	ed, addresses default to the	LLC's principal office address Member
		<del></del>		<del></del>	-

The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 \$145.00, 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 Lexington Loose Leaf, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

lf not an officeูตูof said entity, please provide a Declar	ation of Power of Attorney with the Reinstater	ment Application.
x / MM	Burer	3/8/2022
Signature of member Or manager (Required)	Title (Required)	Date (Required)

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

Lexington Loose Leaf, LLC 267 Clearview Dr Lexington KY 40503

Notice Date:

March 14, 2022

KY SoS Org. ID: 1052242

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: Cory REV4079, Revenue Auditor II

Email: Cory.Johnson@ky.gov Direct: (502) 564-7370