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dwilliams  
LRPF

Michael G. Adams  
 Kentucky Secretary of State  
 Received and Filed:  
 2/8/2022 7:02 AM  
 Fee Receipt: \$130.00

Organization ID # 1064247  
 State of origin KY  
 Filing fee \$130.00

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

1064247

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 2021 through 2022

**RST****Exact limited liability company name and principal office address**

BURKECO LLC  
 321 KY HWY 206  
 LIBERTY KY 42539

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the

**Registered Agent and Registered Office Address**

Gary Cole Burke  
 321 KY Hwy 206  
 Liberty, KY 42539

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**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.

GARY COLE BURKE


The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 \$130.00, 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 BurkeCo 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***Gary C. Burke*

Signature of member Or manager (Required)

*burke*

Title (Required)

1/21/22

Date (Required)



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

**BurkeCo LLC**  
**17165 liberty rd**  
**columbia ky 72728**

Notice Date: January 27, 2022  
KY SoS Org. ID: 1064247

**RE:** *Letter of Good Standing Request - Approved*

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**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: Megan REVY099, Taxpayer Services Specialist II  
Email: [MeganD.Roberts@ky.gov](mailto:MeganD.Roberts@ky.gov)  
Direct: 502-564-7310