Organization ID # 0677549 State of origin KY Filing fee \$130.00

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

0677549.06

dwilliams LRPF

Michael G. Adams Kentucky Secretary of State Received and Filed:

2/17/2022 6:47 AM Fee Receipt: \$130.00

**RST** 

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

Exact limited liability company name and principal office address

A-1 CONCRETE SERVICES, LLC 611 SHERWOOD DRIVE BOWLING GREEN KY 42103 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 <a href="https://disearch.org/nc/https://disearc

The principal office address and registered

#### Registered Agent and Registered Office Address

JEREMY L. KNOIS 611 SHERWOOD DRIVE BOWLING GREEN, KY 42103

| BOWLING GREEN, KY 42103   | •  |   |
|---|--|---|
| If the above company is included in a parent company's k  | Kentucky tax return as a disregarded entity or a sub     | sidiary, please provide the parent            |
| company's information here (optional):  | •  | •       |
| FEN:Name:   |  |   |
| Members - List the name And address of the limited liability managed LLCs are not required to list their members.  JEREMY L KNOIS                       | y company's members. If not specified, addresses default | to the LLC's principal office address Member- |
|   |  |   |
| The above entity was administratively dissolved on 2021. The undersigned states that the grounds for satisfies the requirements of KRS 275.295. Enclose | r dissolution either did not exist or have been e        | eliminated, and the entitys name              |
| Under penalty of perjury, the below signed hereby information pertaining to A-1 CONCRETE SERVICE 271B.14-220  |  |   |
| If not an officer of said entity, please provide a Deci   | laration of Power of Attorney with the Reinstate         | ement Application.                            |
| X/X   | Mamber / Title (Required)                                | 2/9/22  |
| Signature of Inember Or manager (Required)  | / Tifle (Required)                                       | / Date (Required)                             |

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

A-1 CONCRETE SERVICES, LLC 2955 SPEARS RD SCOTSVILLE KY 42164

Notice Date:

February 14, 2022

KY SoS Org. ID: 0677549

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: Tonja REV3883, Taxpayer Services Specialist II

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289