ganization ID # 1169149 ate of origin KY Commonwealth of Kentucky ling fee \$160 Michael G. Adams, Secretary of St		t KY Secreta	Michael G. Adams	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the years 2022 through 20	Fee rece n anu eport	port RST	
3RD GEN DISTRIBUTION LIMITED LIABILITY COMPANY 266 MEYER LANE SHEPHERDSVILLE KY 40165			e principal office address and registered ent name/office address cannot be chan this form. When reinstating, you cannot odify the addresses until the reinstatement is ed. Once the reinstatement is filed, the atement of change will be filed.	
Registered Agent and Register ROBERT ODLE JR 266 MEYER LANE SHERPHERDSVILLE, K	red Office Address		ge win be med.	
Members - List the name And address Member-managed LLCs are not required to liss ROBERT JOSEPH ODLE JR		ses default to the	LLC's principal office addr	
County: Business size:	Bullitt Small	3		

The above entity was administratively dissolved on 10/4/2022 because the entity did not file its annual report for the year 2022. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to 3rd Gen Distribution Limited Liability Company to the Secretary of State, as required for reinstatement pursuant to KRS 14A7-030.

Signature of Authorized Representative: ROBERT ODLE JR Title: OWNER 4/2/2025

Food Stores

Business type:



3rd Gen Distribution Limited Liability Company 1006 Dublin Cir Louisville KY, 40229		nited Liability Company	Notice Date: KY SoS Org. ID:	April 2, 2025 1169149		
RE:	Le	Letter of Good Standing Request - Approved				
SUMMARY		ou requested a letter of good standing, and your entity is in good standing with the Department of Revenue.				
OUR DETERMINATION	W	We verified the following information.				
	3. 4.	You are registered with the Departm An authorized person requested this You filed income and LLE tax return filing. You have no outstanding tax assess Collections or have a valid pay agree	s letter. Is as required, or you sments with the Divis ement in place.	sion of		
WHAT YOU NEED TO DO		 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. 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. 		e provide a copy 0 days of the to provide the ision of 2-564-6835. a copy of your arity filing		
AGENT INFORMATION	yo A E	you have any questions regarding this u. gent: James REVE277, Taxpayer Se mail: James.Sutherland@ky.gov irect: 502-564-7359	-			