Organization ID# 1042751 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1042751.06

dwilliams

LRPF Michael G. Adams

Received and Filed: 12/17/2020 7:33 AM Fee Receipt: \$115.00

The principal office address and registered agent

reinstatement is filed, the statement of change can be

name/office address cannot be changed on this

form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the

filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Kentucky Secretary of State

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 year 2020

CONSUMER CHOICE INDEPENDENT INSURANCE, LLC 10533 TIMBERWOOD CIR STE B **LOUISVILLE KY 40223**

Exact limited liability company name and principal office address

Registered Agent and Registered Office Address

CHRISTOPHER RISHER 10533 TIMBERWOOD CIR STE B

LOUISVILLE, KY 40223

If the above company is included in a parent company's Kentucky tax return as a disregard company's information here (optional) EDENDEDT INSUVANCE, LLC. CONSUMEN CHOICE I

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

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 \$115.00, 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 CONSUMER CHOICE INDEPENDENT INSURANCE, 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.

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

CONSUMER CHOICE INDEPENDENT INSURANCE, LLC 1230S. HURSTBOURNE PKWY

KY SoS Org. ID:

Notice Date:

December 15, 2020

1042751

STE 225 LOUISVILLE KY 40222

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.

We verified the following information. **OUR DETERMINATION**

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

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: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038