

Organization ID # 1007552
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State



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 2019 through 2020**

RST

Exact limited liability company name and principal office address
MILLENNIAL HEALTHCARE STAFFING AND CLINICAL RESEARCH
CONSULTANCY LIMITED LIABILITY COMPANY
8300 DEVONSHIRE DR
LOUISVILLE KY 40258

The principal office address and registered 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 app.sos.ky.gov/research or can be downloaded from our website.

Registered Agent and Registered Office Address

Maureen Macam
8300 Devonshire Dr
Louisville, KY 40258

FEIN (Optional)

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: _____

Managers - List the name And address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

MAUREEN MACAM	MANAGER
_____	_____
_____	_____
_____	_____

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 Millennial Healthcare Staffing and Clinical Research Consultancy Limited Liability Company 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

Signature of member Or manager (Required)

MANAGER

Title (Required)

04/24/20

Date (Required)



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