| Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov Exact limited liability company name and principal office address SAUL GOOD #1, LLC 23 AVENUE OF CHAMPIONS NICHOLASVILLE KY 40356 Registered Agent and Registered Office Address SKO-LEXINGTON SERVICES LLC 300 WEST VINE STREET SUITE 2100 LEXINGTON, KY 40507 I 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 is information here (optiona): FEIN:Name: | Organization ID # 0670753 State of origin KY Filing fee \$130.00 | Commonwealth of Kentu chael G. Adams, Secretary | / of State Michael G. Adams Kentucky Secreta Received and File | LRPr s i ry of State ed: |
|--|--|--|--|--|
| SAUL GOOD #1, LLC 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 https://web.sos.ky.gov/ftsearch or can be downloaded from our website. Registered Agent and Registered Office Address SKO-LEXINGTON SERVICES LLC 300 WEST VINE STREET SUITE 2100 LEXINGTON, KY 40507 It has 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. | Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 | Reinstatement Annual | tion and ^{Fee Receipt: \$130} Report | 0.00 |
| SKO-LEXINGTON SERVICES LLC 300 WEST VINE STREET SUITE 2100 LEXINGTON, KY 40507 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. | SAUL GOOD #1, LLC 23 AVENUE OF CHAMPIONS | | agent name/office address cannot on this form. When reinstating, you modify the addresses until the reinsta filed. Once the reinstatement is filed, statement of change can be filed onli <u>\web.sos.ky.gov\ftsearch</u> or can be | be changed cannot atement is , the ine at <u>https:</u> |
| company's information here (optional): -EIN: 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. | SKO-LEXINGTON SERVICE 300 WEST VINE STREET SUITE 2100 LEXINGTON, KY 40507 | SLLC | ntity or a subsidiary, please provide t | |
| | company's information here (optional): EIN: Name: | | - | |
| | | f the limited liability company's managers. If not specified, ad | Idresses default to the LLC's principal offic | ce address. |

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.

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Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to SAUL GOOD #1, 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.

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| X | NORM | MANAGON | | 4/20/22 |
|---|---|----------------------|-----------|-----------------|
| | Signature of member Or manager (Required) | Title (Required) | · · | Date (Required) |
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SAUL GOOD #1, LLC 23 AVENUE OF CHAMPIONS NICHOLASVILLE KY 40356

| Notice Date: | April 20, 2022 |
|-----------------|----------------|
| KY SoS Org. ID: | 0670753 |

| <i>RE</i> : | 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. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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 | 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. 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: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102 | |