

Organization ID # 0555755
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0555755.06 mstratton LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/16/2016 12:40 PM
Fee Receipt: \$115.00

Alison Lundergan Grimes
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 2016

RST

Exact limited liability company name and principal office address

KINGS LEXINGTON HEALTHCARE ASSOCIATES LLC
% CRAIG FLASHNER
2625 TOWNSGATE ROAD
SUITE 330
WESTLAKE VILLAGE CA 91361

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/fsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

CRAIG FLASHNER
7400 NEW LAGRANGE ROAD
SUITE 100
LOUISVILLE, KY 40222



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.

CRAIG FLASHNER

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 KINGS LEXINGTON HEALTHCARE ASSOCIATES 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.

X _____ *Managing Member* _____ *11/12/2016*
Signature of member or manager (Required) Title (Required) Date (Required)



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

ELYSE WEIGEL
Deputy Commissioner

November 16, 2016

**KINGS LEXINGTON HEALTHCARE ASSOCIATES LLC
% CRAIG FLASHNER
2625 TOWNSGATE ROAD
SUITE 330
WESTLAKE VILLAGE CA 91361**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KINGS LEXINGTON HEALTHCARE ASSOCIATES LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Melissa REV3879, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-2059
FAX# 502-564-0058

Kentucky Secretary of State organization number 0555755