Organization ID # 1046355 State of origin KY Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1046355.06

kdcoleman **LRPF**

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

8/17/2021 1:47 PM Fee Receipt: \$130.00

RST

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490

Reinstatement Application and Reinstatement Annual Report

For the years 2020 through 2021 http://www.sos.ky.gov

Exact limited liability company nan M.A. WALTERS, LLC 1139 HUNTERS FERRY RD 8NICHOLASVILLE KY 4035		ffice address		agent name/office on this form. When modify the address filed. Once the reins	e address and regist address cannot be con reinstating, you cann es until the reinstatem statement is filed, the e can be filed online at	hanged not ent is
Registered Agent and Registered C	Office Address					
Mark A Walters		1				
1139 Hunters Ferry Rd				0331/3330		
Nicholasville, KY 40356	*	· 				
If the above company is included in a pare company's information here (optional):	nt company's Kentuc	ky tax return as a	disregarded entity	or a subsidiary, plea	ase provide the pa	rent
FEIN: Name:	<u> </u>					
Members - List the name And address of the named LLCs are not required to list their members	imited liability company's	members. If not specil	ied, addresses default	to the LLC's principal of	fice address. Member	.
Mark A. Walters	_1139 Hunters	Ferry Road, Nie	cholasville, KY 4	10356		
Teresa Walters			cholasville, KY			
	,					
		· · · · · · · · · · · · · · · · · · ·	et.		- 4	
		· · · · · · · · · · · · · · · · · · ·				-
The above entity was administratively The undersigned states that the grour he requirements of KRS 275.295. En	nds for dissolution (either did not exi	st or have been e	eliminated, and th	e entity's name	

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax ers, 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 D	Declaration of Power of Attorney with the Reinstateme	nt Application /
XIIIVA	MENBER	8/11/21
Signature of member Or manager (Required)	Title (Required)	Date (Required)

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

Fax: 502-564-0058

M.A. Walters, LLC 1139 Hunters Ferry Rd Nicholasville KY 40356 Notice Date:

August 17, 2021

KY SoS Org. ID:

1046355

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.

OUR DETERMINATION

We verified the following information.

- 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 filing.
- 4. 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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310