Commonwealth of Kentucky Organization ID # 0973856 State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

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vmiller **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 9/12/2019 3:06 PM Fee Receipt: \$130.00

RST

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 years 2018 through 2019

Exact limited liability company name and principal office address TRANSFORMATION COACHING LLC **501 WICHITA DR**

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

NICHOLASVILLE KY 40356		reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.
Registered Agent and Registered Office Address Mark T Keene 501 Wichita Dr Nicholasville, KY 40356 If the above company is included in a parent company's Ke	antucky tay return as a disrenarder	
company's information here (optional): FEIN: Name:	sillocky tax retorn as a disregarded	
Managers - List the name and address of the limited liability com	pany's managers. If not specified, addresses def	ault to the LLC's principal office address.
The above entity was administratively dissolved on Or The undersigned states that the grounds for dissolution requirements of KRS 275.295. Enclosed is a check in	on either did not exist or have been e	eliminated, and the entity's name satisfies the
Under penalty of perjury, the below signed hereby au information pertaining to Transformation Coaching LL 271B.14-220.	thorizes the Kentucky Department of LC to the Secretary of State, as requi	f Revenue to release any applicable tax ired for reinstatement pursuant to KRS
If not an officer of said entity, please provide a Declar	ration of Power of Attorney with the F	Reinstatement Application.
X Signature of member or manager (Required)	Memaary Title (Required)	9/3//9 Date (Required)

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

September 12, 2019

0973856

502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

Transformation Coaching LLC 501 Wichita Dr Nicholasville KY 40356

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

RE:

We verified the following information.

1. You are registered with the Department of Revenue.

- 2. An authorized person requested this letter.
- 3. 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