Organization ID # 0951857 Commonwealth of Kentucky State of origin Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0951857.06

Dcornish **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

1/18/2018 10:15 AM 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 2017

RST

Date (Required)

Exact limited liability company name and principal office address **COCHRAN MANAGEMENT, LLC**

4304 WINNROSE WAY LOUISVILLE KY 40211

Signature of member or manager (Required)

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/ftsearch or can be

	downloaded from our website.
Registered Agent and Registered Office Ade	dress
EBONI COCHRAN	
4304 WINNROSE WAY	
LOUISVILLE, KY 40211	
If the above company is included in a parent compa	any's Kentucky tax return as a disregarded
company's information here (optional): FEIN: Name:	
run Name	
Members - List the name and address of the limited liab LLCs are not required to list their members.	bility company's members. If not specified, addresses default to the LLC's principal office address Member-managed
The undersigned states that the grounds for di	d on October 9, 2017 because the entity did not file its annual report for the year 2017. ssolution either did not exist or have been eliminated, and the entity's name satisfies the heck in the amount of \$115.00, payable to Kentucky State Treasurer.
Under penalty of periory, the below signed here information pertaining to COCHRAN MANAGE 271B.14-220.	eby authorizes the Kentucky Department of Revenue to release any applicable tax MENT, LLC to the Secretary of State, as required for reinstatement pursuant to KRS
If not an officer of said entity, please provide a	Declaration of Power of Attorney with the Reinstatement Application.
X/SIM COTMON	Member 11-21-17

Title (Required)

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

502-564-0058 Fax:

COCHRAN MANAGEMENT, LLC 4304 WINNROSE WAY **LOUISVILLE KY 40211**

Notice Date:

January 17, 2018

KY SoS Org. ID: 0951857

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.
- 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: Ramon REV4636, Taxpayer Services Specialist I

Email: Ramon.Juanso@ky.gov

Direct: 502-564-2169