Commonwealth of Kentucky Organization ID # 0463359 State of origin KY
Filing fee \$175.00 Alison Lundergan Grimes, Secretary of Sta

0463359.06

amcray LRPF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 9/21/2017 2:36 PM Fee Receipt: \$175.00

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 years 2013 through 2017

RST

Exact limited liability company name and principal office address ALL SEASONS DISTRIBUTORS, L.L.C.

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

EDGEWOOD KY 41017	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	
RICHARD A. FLETCHER 3013 LAWRENCE EDGEWOOD, KY 41017 If the above company is included in a parent company's Kentucky tax return as a d	isregar de (
company's information here (optional): FEIN: Name:	
Members - List the name and address of the limited liability company's members. If not specific LLCs are not required to list their members.	ed, addresses default to the LLC's principal office address Member-managed
DONNA FLETCHER A Company	tapelle of a
RICHARD FLETCHER Weltling	Richard Fletcher
The above entity was administratively dissolved on September 28, 2013 be 2013. The undersigned states that the grounds for dissolution either did no satisfies the requirements of KRS 275.295. Enclosed is a check in the amount	ount of \$175.00, payable to Kentucky State Treasurer.
Under penalty of perjury, the below signed hereby authorizes the Kentucky information pertaining to ALL SEASONS DISTRIBUTORS, L.L.C. to the Se KRS 2718.14-220.	cretary of State, as required for reinstatement pursuant to
If not an officer of said entity, please provide a Declaration of Power of Atto X /	r 9-13-17
Circoluse of member or manager (Required)	Title (Required) Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

September 21, 2017

ALL SEASONS DISTRIBUTORS, L.L.C. 3013 LAWRENCE DRIVE EDGEWOOD KY 41017

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ALL SEASONS DISTRIBUTORS**, **L.L.C.** has filed Kentucky Income Tax Returns through the tax year ended 2016, 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,

John REV3858, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-2099 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0463359

