Organization ID # 0740160

**Commonwealth of Kentucky** State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

0740160.06

Dcornish **LRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 8/3/2017 2:30 PM Fee Receipt: \$130.00

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 2016 through 2017

**RST** 

Exact li	imited liability comp	any name and	d principal office	address
	TOTALEE FIT TRAI	NING STUDIO	D, LLC	
	651 NINEVAH ROA	Ð	-	
	FRANKFORT KY 46	0601		

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 Address	-	CEIN (Ontional)	
LEEANNE GRAHAM			
651 NINEVAH ROAD			
FRANKFORT, KY 40601 If the above company is included in a parent company's Kr	ontucky toy roturn oc a diarogardos		
company's information here (optional):	entucky tax return as a disregarded		
FEIN: Name:			
Members - List the name and address of the limited liability com LLCs are not required to list their members.	npany's members. If not specified, addresses	default to the LLC's principal offi	ce address Member-managed
LEE ANNE GRAHAM			
The above entity was administratively dissolved on C	October 1, 2016 because the entit	y did not file its annual re	eport for the year 2016.
The undersigned states that the grounds for dissoluti requirements of KRS 275.295. Enclosed is a check in	n the amount of \$130.00, payable	en eliminated, and the el e to Kentucky State Treas	ntity's name satisfies the surer.
Under penalty of perjury, the below signed hereby au	uthorizes the Kentucky Departme	nt of Revenue to release	any applicable tax
information pertaining to TOTALEE FIT TRAINING S KRS 271B.14-220.	TUDIO, LLC to the Secretary of S	State, as required for rein	statement pursuant to
		n a Philippia and a contract and a c	r.
If not an officer of said entity, please provide a Decla	iration of Power of Attorney with t	ne Reinstatement Applic	ation.
X CXI UMU ( WOMEN)	member		4118/17
Signature of member or manager (Required)	Title (Required)		Date (Required)

litle (Required)



DANIEL P. BORK
Commissioner

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

August 3, 2017

## TOTALEE FIT TRAINING STUDIO, LLC 651 NINEVAH ROAD FRANKFORT KY 40601

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TOTALEE FIT TRAINING STUDIO, 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,

Ramon REV4636, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-2169

Fax: (502) 564-3392

Kentucky Secretary of State organization number 0740160

