PROV1824 LIMITED LIABILITY COMPANY PO BOX 1143 VERSAILLES KY 40383 VERSAILLES KY 40383 A version of the reinstatement is filed, the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at <u>https:</u> <u>Nweb.sos.ky.gov(ftsearch</u> or can be downloaded from our website. Registered Agent and Registered Office Address Sherrow, Sutherland, and Associates 200 Southland Dr Lexington, KY 40503 If the above company is included in a parent company's Kentucky tax return as a disregarded and, but a base of the parent of the p	Drganization ID # 0998260 State of origin KY Filing fee \$115.00	Commonwealth of Kentucky ichael G. Adams, Secretary of Sta	te Michael G. Adams Kentucky Secretary of State		
PROV1824 LIMITED LIABILITY COMPANY PO BOX 1143 VERSAILLES KY 40383 VERSAILLES KY 40383 Registered Agent and Registered Office Address Sherrow, Sutherland, and Associates 200 Southland Dr Lexington, KY 40503 f the above company is included in a parent company's Kentucky tax return as a disregarded and the statement, power power to parent	Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490	Reinstatement Annual Repor	11/10/2021 12:42 PM Fee Receipt: \$115.00		
200 Southland Dr Lexington, KY 40503 f the above company is included in a parent company's Kentucky tax return as a disregarded sharp or a conservation, place promaties of parent	PROV1824 LIMITED LIAE PO BOX 1143	Agent nam on this for modify the filed. Once statement \web.sos.	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 <u>https:</u> \web.sos.ky.gov\ftsearch or can be downloaded		
company's information here (optional): FEIN: Name: Name:	Sherrow, Sutherland, and 200 Southland Dr Lexington, KY 40503 the above company is included in a p ompany's information here (optional):	ssociates	iaiai ya picenao ano paront		

CHRISTINA GATES

The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Prov1824 Limited Liability Company 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 Declaration of Power of Attorney with the Reinstatement Application.

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Signature of member Or manager (Required)

e mbel anaging Title (Required

1 0

Date (Required)



Prov1824 Limited Liability Company Po Box 1143 Versailles KY 40383		Notice Date: KY SoS Org. ID:	November 10, 2021 0998260			
RE:		Letter of Good Standing Request - Approved				
SUMMA	ARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.				
OUR DI	ETERMINATION	 We verified the following information. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 of this letter to the Kentunotice date above. 2. If you are a for-profit conservation of State a letter Unemployment Insurance 3. If you are a non-profit of tax returns with the Kenture 	o reinstate your entity, please cky Secretary of State within 3 orporation , you will also need or of good standing from the Div a. Their telephone number is 50 entity , please remember to file ucky Attorney General. The ch http://ag.ky.gov/family/consum n.aspx.	to provide the ision of 02-564-6835. a copy of your arity filing		
CONTA INFORM	CT MATION	you.	garding this notice, please cont xpayer Services Specialist II	act me. Thank		