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Alison Lundergan

amcray LRPF

Organization ID # 0664564 Commonwealth of Kentucky
State of origin KY
Filing fee \$205.00 Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/6/2018 2:16 PM Fee Receipt: \$205.00

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 2012 through 2018

RST

Exact limited liability company name and principal office address
LADY CARDS BASKETBALL CAMPS AND CLINICS, LLC
2100 SOUTH FLOYD STREET
LOUISVILLE KY 40292

The principal office address and registered agent name/office address cannot be changed on this form. When reinstaling, 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/fftsearch or can be downloaded from our website.

Registered Agent and Registered Office Addre JEFFREY WALZ 2100 SOUTH FLOYD STREET LOUISVILLE, KY 40292 If the above company is included in a parent company company's information here (optional): FEIN: Name:		ky tax return	as a disre	garded en			
Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.							
JEFFERY J WALZ	2100	South	Floud	Street	Louisville	KU	40292
The above entity was administratively dissolved o 2012. The undersigned states that the grounds fo satisfies the requirements of KRS 275.295. Enclo	r dissolu	tion either	did not exi	st or have b	een eliminated, a	and the	entity's name
Under penalty of perjury, the below signed hereby information pertaining to LADY CARDS BASKETE reinstatement pursuant to KRS 271B.14-220.	authoriz BALL CA	zes the Ker MPS AND	ntucky Dep CLINICS,	eartment of F LLC to the S	Revenue to relea Secretary of State	se any e, as red	applicable tax quired for
If not an officer of said entity, please provide a De	claration	of Power	of Attorney	with the Re	instatement App	lication	•
X 3 Signature of manager (Required)			Mana		· · ·		Date (Required)

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

502-564-0058 Fax:

LADY CARDS BASKETBALL CAMPS AND CLINICS. Notice Date: February 6, 2018 KY SoS Org. ID: LLC 0664564 2100 SOUTH FLOYD STREET **LOUISVILLE KY 40292**

RE: Letter of Good Standing Request - Approved

You requested a letter of good standing, and your entity is in good **SUMMARY**

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: Bruce REV3968, Taxpayer Services Specialist I

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038