Organization ID # 0878168 State of origin KY Filing fee \$190.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0878168.06

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Michael G. Adams Kentucky Secretary of State Received and Filed:

1/16/2020 1:36 PM Fee Receipt: \$190.00

The principal office address and registered agent

RST

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Exact limited liability company name and principal office address

Reinstatement Application and Reinstatement Annual Report For the years 2015 through 2020

SULLIVAN CHIROPRACTIC AND WELLNESS CENTER, P 2716 OLD ROSEBUD ROAD SUITE 230 LEXINGTON KY 40509	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	FEW (A. C.)
Michael Thomas Sullivan 2716 Old Rosebud Road Suite 230 Lexington, KY 40509	Andrew Control of the
If the above company is included in a parent company's Kentucky tax return company's information here (optional): // FEIN: 46 497 113 Name:	as a disregarde
Members - List the name And address of the limited liability company's members. If n LLCs are not required to list their members.	ot specified, addresses default to the LLC's principal office address Member-managed
	N. Y. C.
	<u> </u>
The above entity was administratively dissolved on September 12, 20 2015. The undersigned states that the grounds for dissolution either satisfies the requirements of KRS 275.295. Enclosed is a check in the	did not exist or have been eliminated, and the entity's name
Under penalty of perjury, the below signed hereby authorizes the Ker information pertaining to Sullivan Chiropractic and Wellness Center, pursuant to KRS 271B.14-220.	ntucky Department of Revenue to release any applicable tax PLLC to the Secretary of State, as required for reinstatement
If not an officer of said entity, please provide a Declaration of Power	
Signature of member Or manager (Required)	Title (Required) Date (Required)

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

502-564-0058 Fax:

Sullivan Chiropractic and Wellness Center, PLLC 2716 Old Rosebud Road Suite 230 Lexington KY 40509

Notice Date: KY SoS Org. ID: January 16, 2020

0878168

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: Tonja REV3883, Taxpayer Services Specialist II

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289