ganization ID # 1088773 ate of origin KY ing fee \$130 N	Commonwealth of Kentucky /lichael G. Adams, Secretary of S	t KY Secreta	Michael G. Adams KY Secretary of State Received and Filed 10/16/2024 2:14:02 PM Fee receipt: \$130.00 anu port RST	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-071 (502) 564-3490 http://www.sos.ky.gov	For the years 2023 through 20	10/16/20 Fee recei n anu eport		
Exact limited liability com BRYN MAWR APTS P. O. BOX 182 HARRODS CREEK Registered Agent and Reg ROBERT MEAD 6410 WOLF PEN B HARRODS CREEK	KY 40027 gistered Office Address	gent name/office on this form. Whe nodify the address	the address and registere address cannot be char n reinstating, you cannot use until the reinstatement statement is filed, the le will be filed.	
Managers - List the name And ROBERT MEAD	address of the limited liability company's managers. If not specified, address PO BOX 182, HARRODS CREEK			
County: Business size: Business type:	Jefferson Small Real Estate	D		

The above entity was administratively dissolved on 10/4/2023 because the entity did not file its annual report for the year 2023. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Bryn Mawr Apts., LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Robert Mead Title: Manager 10/16/2024





Bryn Mawr Apts., LLC P. O. Box 182 Harrods Creek KY, 40027		KY	tice Date: ′ SoS Org. ID:	October 16, 2024 1088773	
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.				
	2. 3. 4.	You are registered with the Department of An authorized person requested this lett You filed income and LLE tax returns as filing. You have no outstanding tax assessmer Collections or have a valid pay agreement s notice will remain current for 30 days from	er. required, or yo nts with the Divi nt in place.	sion of	
WHAT YOU NEED TO DO		 of this letter to the Kentucky Secretary of State within 30 days of the notice date above. 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. 			
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Dottye REV3769, Taxpayer Specialist II Email: Dottye.Roberts@ky.gov Direct: 502-564-0102				