Organization ID # 0844374 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0844374.06

mstratton

**LRPF** Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 11/17/2014 3:11 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 2013 through 2014

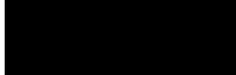
Exact limited liability company name and principal office address

THE RECOVERY CENTER L.L.C. # 19 KY 11 SOUTH **BOONEVILLE KY 41314** 

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

Robert Jack Duncan



# 19 Ky 11 South Booneville, KY 41314			
,		and the state of t	ad dans a
Managers - List the name and address of the limited liab	ity company's managers, it not specified, add	resses default to the LLC's principal office a	idaress.
Robert Muncan	1550 Hwy 15 3	South Saite 200	)
	Jackson Ky	<u>41339</u>	
	U		
The above entity was administratively dissolved 2013. The undersigned states that the grounds satisfies the requirements of KRS 275.295. End	for dissolution either did not exist o	or have been eliminated, and the	entity's name
Under penalty of perjury, the below signed here information pertaining to The Recovery Center 271B.14-220.			
If not an officer of said entity, please provide a l	Declaration of Power of Attorney w	ith the Reinstatement Application	<b>n.</b> ;
X Lobert	- Bwner		0-10-14
Signature of member or manager (Required)	Title (Requ	uired)	Date (Required) 1



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

November 17, 2014

The Recovery Center L.L.C. 1550 Hwy 15 South Ste 200 Jackson, KY 41339

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **The Recovery Center L.L.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0844374

