Organization ID# 0497275 State of origin

**Commonwealth of Kentucky** Filing fee \$220.00 Alison Lundergan Grimes, Secretary of S

0497275.06

Alison Lundergan Grimes **Kentucky Secretary of State** 

Date (Required)

Received and Filed: 2/15/2018 1:56 PM Fee Receipt: \$220.00

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

/ Signature of member or manager (Required)

## **Reinstatement Application and Reinstatement Annual Report** For the years 2011 through 2018

t limited liabilit

The principal office address and registered agent

EXACT IIMITED IIADIIITY COMPANY NAME AND PRINCIPAL OFFICE ADDRESS SILANEE MANAGEMENT, LLC 1801 ALEXANDRIA PIKE HIGHLAND HEIGHTS KY 41076	name/office address cannot be changed violation. 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.kv.gov/ftsearch or can be downloaded from our website.
Registered Agent and Registered Office Address  HOOSHANG SILANEE  1801 ALEXANDRIA PIKE  HIGHLAND HEIGHTS, KY 41076  If the above company is included in a parent company's Kentucky tax return as a disregard company's information here (optional):  FEIN:  Name:	FEIN (Optional)
<b>Members -</b> List the <b>name and address</b> of the limited liability company's members. If not specified, addre	esses default to the LLC's principal office address Member-managed
HOOSHANG SILANEE	
The above entity was administratively dissolved on September 10, 2011 because 2011. The undersigned states that the grounds for dissolution either did not exist consists the requirements of KRS 275.295. Enclosed is a check in the amount of S	or have been eliminated, and the entity's name
Under penalty of perjury, the below signed hereby authorizes the Kentucky Depart information pertaining to SILANEE MANAGEMENT, LLC to the Secretary of State, 271B.14-220.	
f not an officer of said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Attorney with the said entity please provide a Declaration of Power of Po	ith the Reinstatement Application.

Title (Required)

1801 ALEXANDRIA PIKE

Website: www.revenue.kv.gov Phone: 502-564-8139 502-564-0058 Fax:

February 15, 2018

0497275

Notice Date:

KY SoS Org. ID:

SILANEE MANAGEMENT, LLC **HIGHLAND HEIGHTS KY 41076** 

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: Bruce REV3968, Taxpayer Services Specialist I

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038