Organization ID # 0995175 Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

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dwilliams LRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 1/23/2019 12:10 PM Fee Receipt: \$115.00

RST

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 year 2018

Exact limited liability company name and principal office address

TB DELIVERY LLC 1803 EDENSIDE DR. 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.

LOUISVILLE KY 40204		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 Addres TONY BENDER 1803 EDENSIDE DR. LOUISVILLE, KY 40204 If the above company is included in a parent company company's information here (optional): FEIN: Name:		FEIN (Ontional)
Members - List the name and address of the limited liability LLCs are not required to list their members.	company's members. If not specified, addresses	default to the LLC's principal office address Member-managed
The above entity was administratively dissolved on the undersigned states that the grounds for dissolved requirements of KRS 275.295. Enclosed is a chemical control of the	olution either did not exist or have bee	en eliminated, and the entity's name satisfies the
Under penalty of perjury, the below signed hereby information pertaining to TB DELIVERY LLC to the	y authorizes the Kentucky Departmen ne Secretary of State, as required for i	nt of Revenue to release any applicable tax reinstatement pursuant to KRS 271B.14-220.
If not an officer of said entity, please provide a De	eclaration of Power of Attorney with th	ne Reinstatement Application.
X Bonds Signature of member or manager (Required)	DWMER Title (Required)	12-17-18 Date (Required)

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

January 23, 2019

0995175

502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

TB DELIVERY LLC 1803 EDENSIDE DR. **LOUISVILLE KY 40204**

Letter of Good Standing Request - Approved

SUMMARY

RE:

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: Jessica REV3999, Revenue Program Officer

Email: Jessica.Roberts@ky.gov

Direct: 502-564-1056