iling fee \$190.00		ommonv el G. Ada			-	ate	08482 Michael G Kentucky Received	. Adams Secretar	∟ y of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0 (502) 564-3490 http://www.sos.ky.go	Reinstat	nstatement Application and nstatement Annual Report or the years 2017 through 2022			nd	Received and Filed: 3/30/2022 9:23 AM Fee Receipt: \$190.00			
<u>act limited liability company name and principal office address</u> BABY DREAMS MATERNITY CONCIERGE, LLC 175 N. LOCUST HILL DRIVE #1904 LEXINGTON KY 40509					hame/of form, Wi addresse reinstate filed onlir	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 <u>https://web.sos.ky.gov/ftsearch</u> or can be downloaded from our website.			
egistered Agent and Reg Chante Audrea Per 175 N. Locust Hill I #1904 Lexington, KY 4050 the above company is include mpany's information here (op EIN: Name	rryman Drive 09 ed in a parent com ptional):	pany's Kentucky			FEIN (ent
anagers - List the name And HANTE A. PERRYMAN	address of the limited	liability company's r	nanagers. If not spo SUMMER		default to the	LLC's pr	rincipal office	address.	10475
ne above entity was admin ne undersigned states that quirements of KRS 275.29	the grounds for (95, Enclosed is a below signed he	dissolution eith check in the a preby authorize	er did not exis mount of \$190 is the Kentuck	t or have bee .00, payable y Departmen	n eliminat to Kentucl	ed, and cy Stat	d the entit e Treasur elease an	y's name er.	satisfies th
ormation pertaining to Bal RS 271B.14-220.	/, please provide	a Declaration	- Margara - Margara Margara - Margara - M	1	ate, as rec	quired			ursuant to
formation pertaining to Bal RS 271B.14-220. Not an officer of said entity	/, please provide	a Declaration	of Power of Atl	1	ate, as rec	quired		on. 6.25	ursuant to
nder penalty of perjury, the formation pertaining to Bal RS 271B.14-220. not an officer of said entity Signature of member or	/, please provide	a Declaration	of Power of Atl	1	ate, as rec	quired		on. 6.25	ursuant to

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Baby Dreams Maternity Concierge, LLC
104SUMMER GLENN CT
RICHMOND KY 40475

Notice Date:	March 29, 2022
KY SoS Org. ID:	0848277

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. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Cory REV4079, Revenue Auditor II Email: Cory.Johnson@ky.gov Direct: (502) 564-7370			