Organization ID # 0470280 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0470280.06

amcray

**LRPF Alison Lundergan Grimes** 

Kentucky Secretary of State Received and Filed: 11/18/2014 11:06 AM Fee Receipt: \$115.00

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 year 2014

**Exact limited liability company name and principal office address** 

**PUSHPA, LLC BLUEGRASS INN 635 VERSAILLES RD** FRANKFORT KY 40601

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.

<b>Registered Agent</b>	and Registered	Office Address

LALUBHAI PATEL 1080 N. MAIN STREET BEAVER DAM, KY 42320

Managers - List the nam	ne and address of the limited lia	oility company	s managers. If not specif	ied, addresses default to the LLC's principal office addres	5.
SILA PATEL	- Participation of the second				
JAY PATEL				<sub>grida</sub> .	
	***************************************				

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 275.295. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to PUSHPA, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Χ	Jul 1	G. m	The grant	11-17-14
	Signature of member or manager (Required)	Title (Required)		Date (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

November 18, 2014

PUSHPA, LLC BLUEGRASS INN 635 VERSAILLES RD FRANKFORT KY 40601

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PUSHPA**, **LLC** 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,

Kim REVE217, Taxpayer Services Specialist II Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7344 FAX# 502-564-3392

Kentucky Secretary of State organization number 0470280

