Organization ID # 0940280 State of origin KY

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

0940280.06

mstratton **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 4/6/2018 12:35 PM Fee Receipt: \$130.00

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 years 2017 through 2018

Exact limited liability company name and principal office address SHETTERLY TEAM, LLC **541 SCENIC DR** PARK HILLS KY 41011

Signature of member or manager (Required)

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

	downio	aded from our website.
Registered Agent and Registered Office Address	FEIN	(Ontional)
Cindy J Shetterly		
541 Scenic Dr		
Park Hills, KY 41011		
If the above company is included in a parent company's Ki	entucky tax return as a disregarded	
company's information here (optional):		
FEIN: Name:		_
Members - List the name and address of the limited liability com LLCs are not required to list their members.	pany's members. If not specified, addresses default to the	LLC's principal office address., Member-managed
The above entity was administratively dissolved on C	October 9, 2017 because the entity did not t	ile its annual report for the year 2017.
The undersigned states that the grounds for dissolutive requirements of KRS 275.295. Enclosed is a check in	ion either did not exist or have been elimina	ated, and the entity's name satisfies the
Under penalty of perjury, the below signed hereby au	• • • • •	•
information pertaining to Shetterly Team, LLC to the		
If not an officer of said entity please provide a Decla	ration of Power of Attorney with the Reinsta	atement Application.
x (Shotterly	Owner	4-1-18
Signature of member or manager (Required)	Title (Required)	Date (Required)

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

502-564-0058 Fax:

Shetterly Team, LLC 541 Scenic Dr Park Hills KY 41011

Notice Date: April 6, 2018 KY SoS Org. ID: 0940280

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: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099