## dcornish 0765084.06 Organization ID # 0765084 **Commonwealth of Kentucky** LRPF State of origin KY Filing fee \$160.00 Alison Lundergan Grimes, Secretary of Sta **Alison Lundergan Grimes** Kentucky Secretary of State Received and Filed: 12/2/2015 12:32 PM Alison Lundergan Grimes Fee Receipt: \$160.00 **Reinstatement Application and** Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the years 2012 through 2015 (502) 564-3490 http://www.sos.ky.gov The principal office address and registered agent Exact limited liability company name and principal office address name/office address cannot be changed on this COACH CITY, LLC form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the 440 HOLLOW CREEK ROAD reinstatement is filed, the statement of change can be APT. E5 filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website. **LEXINGTON KY 40511**

**Registered Agent and Registered Office Address** 

Robert Madison 440 Hollow Creek Road Apt. E5 Lexington, KY 40511

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

ROBERT ANTHONY MADISON	
all 12th Street Apt 16	
Lexington KY, 40505	
· / ·	

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 \$160.00, 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 Coach City, 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.

11-26-15 OWNER Signature of member or manager (Required) Title (Required)



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

December 2, 2015

**Coach City, LLC 211 12TH STREET APT 16** Lexington KY 40505

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate Coach City, LLC has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Jay REVX255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0765084

