Organization ID # 1103190 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1103190.06

12/9/2021 5:41 AM

Fee Receipt: \$115.00

dwilliams

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

Michael G. Adams 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 2021

Date (Required)

Exact limited liability company name and principal office address

HOA SOLUTIONS LLC 3131 S 2ND ST SUITE 360 **LOUISVILLE KY 40208**

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 https: \web.sos.ky.gov\ftsearch or can be downloaded

			no freeze	26	from our websi	te.	
Registered A	Agent and Registered Office Add	ress					
	M Truong						7
	1 S 2nd St Suite 360		Tu agi sa sa saka sa S	ing control			(
	isville, KY 40208			*2.5			-
	ompany is included in a parent compa	ny's Kentucky tax	return as a d	sregard	1		rent
	ormation here (optional):						•
FEIN:	Name:						
Members -	List the name And address of the limited	liability company's m	nembers If not	enocified address	ses default to the	il C's orincinal offi	ce address Membe
	re not required to list their members.	mability Company S II	icilibers. It flot	specified, addres	ises deradic to the	s ELO 3 principal of th	CE AUGICSSI, INCINDO
		. 22		-(****)			
- · · · · · · · · · · · · · · · · · · ·					i ii.		
							
				1987 J. 18 18 19			
			<u> </u>				
T b			0.004 5				for the case
	ntity was administratively dissolve						
	idersigned states that the ground requirements of KRS 275.295. E						
		36.5	Takabé Tuli		A STATE		
	y of perjury, the below signed he						
information p	ertaining to HOA Solutions LLC t	o the Secretary	of State, as	equired for re	einstatement i	oursuant to KRS	3 271B.14-220.
if not an office	er of said entity, please provide a	Declaration of P	Power of Atto	mey with the	Reinstateme	nt Application.	
X /	mes	М	anaaex	ق ر		12/2	12021

Title (Required)

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

HOA Solutions LLC 3131 S 2nd St Suite 360 Louisville KY 40208

Notice Date:

December 8, 2021

KY SoS Org. ID:

1103190

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.
- 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: Cory REV4079, Revenue Auditor I

Email: Cory.Johnson@ky.gov

Direct: (502) 564-7370