Organization ID # 0639991 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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

12/13/2021 9:29 AM Fee Receipt: \$115.00

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

RST

Exact limited liability company name and principal office address

PRO2RX, PLLC

The principal office address and registered agent name/office address cannot be changed on this form. When reinstation, you cannot modify the

POST OFFICE BOX 22453		addresses until the reinsta	tement is filled. Once the
LEXINGTON KY 40522			statement of change can be sos.ly.goviftseerch or can rebsite.
Registered Agent and Registered Office Address		FEIN (Optional)	
DONALD R. ROSE			
271 WEST SHORT STREET	•		
SUITE 600			
LEXINGTON, KY 40507 If the above company is included in a parent company's k	Centricky tay retrim as a discen		arent
company's information here (optional):	terrucky tax retain as a disreg		
FEIN: Name:			
Manufacture and the second sec			Englishman Mambas appared
Members - List the name And address of the limited liability cor LLOs are not required to list their members.	mpany's members, it not specified, addresses of	peraulit to the LLC's principal or	ince address Member-managed
CATHERINE HANNA			
LYNNE ECKMAR			
LIMAE ECKNAN			
	<u></u>		
The above entity was administratively dissolved on	October 18, 2021 because the entit	y did not file its annual	report for the year 2021.
The undersigned states that the grounds for dissolu-	tion either did not exist or have bee	n 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 Trea	asurer.
Under penalty of perjury, the below signed hereby a	uthorizes the Kentucky Departmen	t of Revenue to release	e any applicable tax
information pertaining to PRO2RX, PLLC to the Sec	retary of State, as required for rein	statement pursuant to	KRS 271B.14-220.
If not an officer/of said entity, please provide a Decli			
The difference of part of the province a position		• • • • • • • • • • • • • • • • • • • •	/ / / .
X Wh A. Ch	13 6 m 12 6 6		11/24/21
Signature of member Or manager (Required)	Title (Required)		Date (Required)

cell plane 359-576-0915 - 65 requestions for paymen

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

PRO2RX, PLLC **POST OFFICE BOX 22453 LEXINGTON KY 40522**

Notice Date:

December 13, 2021

KY SoS Org. ID: 0639991

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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310