ganization ID # 1206495 te of origin KY ng fee \$130 <b>Mic</b> h	Commonwealth of Kentucky nael G. Adams, Secretary of St	LRPF 1206495 Michael G. Adams KY 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 Reinstatement Annual Re For the years 2023 through 20	3/26/2024 4:27:05 PM Fee receipt: \$130.00 and port RST
	ITED LIABILITY COMPANY or file f f f f f f f f	e principal office address and registered ent name/office address cannot be chan this form. When reinstating, you cannot odify the addresses until the reinstatement ed. Once the reinstatement is filed, the atement of change will be filed.
Managers - List the name And addre	ss of the limited liability company's managers. If not specified, address 3401 CASTLE HWY PLEASUREVI	LLE KY. 40057
KEITH A PERRY	375 HILLSPRING RD EMINENCE H	KY 40019
County: Business size: Business type:	Henry Small Personal Services	COD

The above entity was administratively dissolved on 10/4/2023 because the entity did not file its annual report for the year 2023. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Knight Security Limited Liability Company to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Josh Jamiel Title: Co-Owner 3/26/2024



Knight Security Limi 375 Hillspring Rd Eminence KY, 40019	ted Liability Company	Notice Date: KY SoS Org. ID:	March 26, 2024 1206495
RE:	Letter of Good Standing Request - Ap	oproved	
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.		
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Departm</li> <li>An authorized person requested this</li> <li>You filed income and LLE tax return filing.</li> <li>You have no outstanding tax assess Collections or have a valid pay agree</li> <li>This notice will remain current for 30 day</li> </ol>	e letter. s as required, or yo sments with the Divi ement in place.	sion of
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate of this letter to the Kentucky Secret notice date above.</li> <li>If you are a for-profit corporation Secretary of State a letter of good s Unemployment Insurance. Their tele</li> <li>If you are a non-profit entity, plea tax returns with the Kentucky Attorn requirements website is: http://ag.ky charity/Pages/registration.aspx.</li> </ol>	ary of State within 3 , you will also need tanding from the Div phone number is 50 use remember to file ney General. The ch	to provide the ision of 02-564-6835. a copy of your arity filing
CONTACT INFORMATION	If you have any questions regarding this you. Agent: Megan REVY099, Taxpayer Se Email: MeganD.Roberts@ky.gov Direct: 502-564-7310		