Organization ID # 0891596 State of origin

## Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

0891596.06

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Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 10/6/2015 3:10 PM Fee Receipt: \$115.00

RST

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.kv.gov

Reinstatement Application and **Reinstatement Annual Report** For the year 2015

Exact limited liability company name and principal office address

**VOID SAFE, LLC** 2413 NASHVILLE ROAD **BOX B4 BOWLING GREEN KY 42101** 

Registered Agent and Registered Office Address

Matthew Dettman 1603 Barley Way Bowling Green, KY 42101 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 downloaded from our website.

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.						
MATTHEW	DETIMEN	1603 BMLCY WAY, BOWELL- CONTEN, KY, 4210	1			
-						

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$115.00, 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 Void Safe, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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not an	an office/of/said entity,/please/provide a Declaration of Power of Attorney with the Reinstatement Application.				
X	MA THE	Declaration of Power of Attorney with the Reinstatement App	9/28/15		
	Signature of member or manager (Required)	Title (Required)	Date (Required)		



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

October 6, 2015

Void Safe, LLC 2413 Nashville Road Box B4 Bowling Green KY 42101

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Void Safe, 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,

Jerry REV3782, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7370

Fax: (502) 564-3392

Kentucky Secretary of State organization number 0891596

