Organization ID # 1059696 State of origin KY Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1059696.06

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Michael G. Adams Kentucky Secretary of State

Received and Filed: 3/4/2021 6:36 AM Fee Receipt: \$130.00

RST

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 years 2020 through 2021

Exact limited liability company name and principal office address
MANICA'S A+ LAWNCARE LLC
2592 FINCHVILLE-RD
SHELBYVILLE KY 40065

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/fisearch or can be downloaded from our website.

SHELBYVILLE KY 40065		reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.
Registered Agent and Registered Office Add	ress	
RENECICS MANICA	•	
2592 FINCHVILLE RD		
SHELBYVILLE, KY 40065		and a
If the above company is included in a parent company's	Kentucky tax return as a disregarded e	pany's
information here (optional): FEIN: Name:		
TEIN.		
Members - List the name And address of the limited liabilit LLCs are not required to list their members.	ty company's members. If not specified, addres	ses default to the LLC's principal office address Member-managed
		
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	0.61 0.00001	
The undersigned states that the grounds for diss the requirements of KRS 275.295. Enclosed is a	solution either did not exist or have	entity did not file its annual report for the year 2020. been eliminated, and the entity's name satisfies payable to Kentucky State Treasurer.
Under penalty of perjury, the below signed herek information pertaining to MANICA'S A+ LAWNC 271B.14-220.	by authorizes the Kentucky Depart CARE LLC to the Secretary of State	ment of Revenue to release any applicable tax e, as required for reinstatement pursuant to KRS
If not an officer of said entity, please provide a D	Declaration of Power of Attorney w	th the Reinstatement Application.
* Renecils Manica		

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		Signature	of m	ember Or n	nanager	(Requ	red)

Title (Required)

Date (Required)

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

MANICA'S A+ LAWNCARE LLC 2592 FINCHVILLE RD SHELBYVILLE KY 40065

Notice Date: March 3, 2021 KY SoS Org. ID: 1059696

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
 - 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: Tonja REV3883, Taxpayer Services Specialist II

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289

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

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