Organization ID # 0489698 State of origin Filing fee \$145.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

amcray 0489698.06 LRPF

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

3/19/2015 1:39 PM Fee Receipt: \$145.00

Alison Lundergan Grimes 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 2013 through 2015

**RST** 

Exact limited liability company name and principal office address

**BAKER MANAGEMENT, LLC** 3601 MONTEGO COURT **LEXINGTON KY 40509** 

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

## Registered Agent and Registered Office Address

GARY R. WEITKAMP 500 W. JEFFERSON ST. STE. 2400 LOUISVILLE, KY 40202



<b>Members</b> - List the name and address of the limited liability comp LLCs are not required to list their members.	pany's members. If not specified, addresses default to the LLC's p	rincipal office address Member-managed
PAUL V BAKER		
The above entity was administratively dissolved on Sci 2013. The undersigned states that the grounds for dissatisfies the requirements of KRS 275.295. Enclosed	ssolution either did not exist or have been elimina	ited, and the entity's name
Under penalty of perjury, the below signed hereby autinformation pertaining to BAKER MANAGEMENT, LLc 271B.14-220.	thorizes the Kentucky Department of Revenue to C to the Secretary of State, as required for reinst	release any applicable tax atement pursuant to KRS
If not an officer of said entity, please provide a Declar	ration of Power of Attorney with the Reinstatemer	nt Application.
X/All. In	Member	03/16/2015
Signature of member of manager (Required)	Title (Required)	Date (Rěquired)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

March 19, 2015

BAKER MANAGEMENT, LLC 952 VILLAGE GREEN AVENUE LEXINGTON KY 40509

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BAKER MANAGEMENT**, **LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

M. L. REV1608, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0489698

