Organization ID # 1085499 State of origin Filing fee \$130.00

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of Sta

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/21/2022 2:51 PM

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 Fee Receipt: \$130.00 **Reinstatement Annual Report** For the years 2021 through 2022

Exact limited liability company name and principal office address

**ELEVATION SAFETY, LLC** 

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

107 N 14TH ST MURRAY KY 420			and the second	modify the addresses until the refiled. Once the reinstatement is statement of change can be file <a href="https://www.webs.sos.ky.gov/ftsearch">web.sos.ky.gov/ftsearch</a> or can from our website.	filed, the ed online at <u>https:</u>
Registered Agent and R	egistered Office Addres	s			
Joshua J Monro					
107 N 14th St					
Murray, KY 4207	1		NOT 1		
If the above company is incli		Kentucky tax return as	a disregar	مام محمد ما ۱ ( استان خان خان م	arent
company's information here	The state of the s				
FEIN: Nam	e: <u> </u>				•
Momboro			·		
managed LLCs are not required		ity company's members. If	not specified, address	es default to the LLC's principal	office address Member-
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Joshua J Mi		987 Brigli	ewood Dr	Murray K	1 42071
- 9					
<del></del>					<u>.</u>
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	ST CHEWALLE SON				
The above entity was adr			ecause the entity	did not file its annual repo	ort for the year
				e been eliminated, and th	
satisfies the requirement	s of KRS 275.295. Enclo	sed is a check in the	amount of \$130.0	00, payable to Kentucky S	tate Treasurer.
Linder penalty of periuny	the helow cianed hereby	vauthorizes the Kenti	icky Department c	of Revenue to release any	annlicable tay
information pertaining to	Elevation Safety I.I.C to	the Secretary of State	as required for r	einstatement pursuant to	KRS 271B 14-220
1					•
If not an officer of said en	tity, please provide a De	claration of Power of	Attorney with the F	Reinstatement Application	1.
X			Dwner :		2-18-22
Signature of member	Or manager (Required)		Title (Required)		Date (Required)

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

Elevation Safety, LLC 107 N 14th St Murray KY 42071

Notice Date:

February 21, 2022

KY SoS Org. ID: 1085499

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.
- 3. 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 II

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310