Organization ID # 0730137 State of origin

**Commonwealth of Kentucky** Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* 0730137.06

amcrav

**LRPF** Alison Lundergan Grimes

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 year 2015

**Kentucky Secretary of State** Received and Filed: 9/18/2015 10:34 AM

Fee Receipt: \$115.00

Exact limited liability company name and principal office address

**HEALTH FUSION LLC** 3 SPRUCE DR. **FLORENCE KY 41042**  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.

## Registered Agent and Registered Office Address

Jim Rocco Ferreri 3 Spruce DR. Florence, KY 41042



Members - List the name and	address of the limited liability com	pany's members. If not specified	, addresses default to the LLC's principal office addr	ess Member-managed
LLCs are not required to list their me				
JIM ROCCO FERRERI				
	The Market Market			
	# 1 Palaryay (FA)			

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 periury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Health Fusion LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

ignature of member or manager (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

September 18, 2015

Health Fusion LLC 3 Spruce DR. Florence KY 41042

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Health Fusion LLC** has filed Kentucky Income Tax Returns through the tax year ended December 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,

Gary REV1282, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0730137

