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## dcornish LRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/29/2015 3:30 PM Fee Receipt: \$115.00

Organization ID # ( State of origin	0852384 KY	Commonwealth of	F Kentucky	Fee Receipt: \$115.0
Filing fee \$115.0	Alison L	undergan Grimes,	Secretary of Sta	ate U852384

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 2014

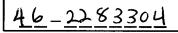
RST

Exact limited liability company name and principal office address FAMILY THERAPY OF LOUISVILLE, LLC 431-COUNTRY LANE- 161 St. Matthew Aue #18 LOUISVILLE KY 40207

Registered Agent and Registered Office Address

ANTHONY A. WAITS 11802 BRINLEY AVENUE SUITE 201 LOUISVILLE, KY 40243 The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the

FEIN (Optional)



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.

Jennifer C Hoertz LLSW	431 Country Lane Louise	alle, Ky 40207
	161 St. Matthew Ave # 18	Laisville ky 110207
	•	1 1

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 FAMILY THERAPY OF LOUISVILLE, 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.

<u>X</u>	Junt CHart	Member	10-22-14
	Signature of momber 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

January 29, 2015

## FAMILY THERAPY OF LOUISVILLE, LLC 431 COUNTRY LANE LOUISVILLE KY 40207

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FAMILY THERAPY OF LOUISVILLE, 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,

Darrell REVX023, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2127 FAX# 502-564-3392

Kentucky Secretary of State organization number 0852384

