

Organization ID # 0823545
State of origin KY
Filing fee \$160.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State



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 2017 through 2020

RST

Exact limited liability company name and principal office address

LEGACY SURGICAL SPECIALTIES LLC
9462 BROWNSBORO ROAD, SUITE 195
LOUISVILLE KY 40241

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

MICHAEL LENTZ
4413 SARATOGA HILL ROAD
JEFFERSONTOWN, KY 40299

FEIN (Optional)

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN: _____ Name: _____

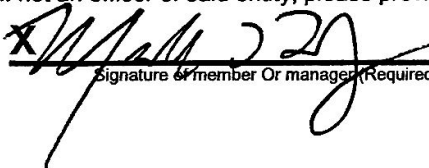
Members - List the name And address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

MICHAEL THOMAS LENTZ	_____
_____	_____
_____	_____
_____	_____

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 \$160.00, 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 Legacy Surgical Specialties 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.


Owner
4/23/20

Signature of member Or manager (Required)
Title (Required)
Date (Required)