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Colorado Secretary of State
Date and Time: 12/01/2019 08:20 AM
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Statement Curing Delinquency

filed pursuant to §7-90-904 of the Colorado Revised Statutes (C.R.S)

1. For the delinquent entity, its ID number, entity name and jurisdiction of formation are

ID number 20111115148
(Colorado Secretary of State ID number)

Entity name M.B.T. Flooring, LLC

Jurisdiction where formed Colorado.

2. By providing the information required herein, this statement corrects all grounds for delinquency cited by the secretary of state.

3. The registered agent name and registered agent address of the registered agent are

Name
(if an individual) Miller Scott Patrick
(Last) (First) (Middle) (Suffix)

OR

(if an entity) _____
(**Caution:** Do not provide both an individual and an entity name).

The person appointed as registered agent above has consented to being so appointed.

Street address 10759 Worchester way
(Street number and name)

Commerce city CO 80022
(City) (State) (Zip Code)

Mailing address
(leave blank if same as street address) 10759 worchester way
(Street number and name or Post Office Box information)

Commerce city CO 80022
(City) (State) (Zip Code)

(If the following statement applies, adopt the statement by marking the box.)

☐ The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

4. The principal office address of the entity's principal office is

Street address

10759 worchester

(Street number and name)

Commerce city

(City)

CO

(State)

80022

(Postal/Zip Code)

United States

(Country – if not US)

Mailing address

(leave blank if same as street address)

10759 worchester

(Street number and name or Post Office Box information)

Commerce city

(City)

CO

(State)

80022

(Postal/Zip Code)

United States

(Country – if not US)

(If the following statement applies, adopt the statement by marking the box.)

☐

The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

5. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐

This document contains additional information as provided by law.

6. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.

(mm/dd/yyyy hour:minute am/pm)

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7. The true name and mailing address of the individual causing the document to be delivered for filing are

Miller

(Last)

Scott

(First)

(Middle)

(Suffix)

10759 worchester way

(Street number and name or Post Office Box information)

Commerce city

(City)

CO

(State)

80022

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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