

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001207

**Entity Name:** INTERSTATE RESTORATION, LLC

**Current Principal Place of Business:**

6200 SOUTH SYRACUSE WAY, SUITE 230  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

6200 SOUTH SYRACUSE WAY, SUITE 230  
GREENWOOD VILLAGE, CO 80111 US

**FEI Number:** 20-8487188

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, SECRETARY, CHIEF  
                  LEGAL OFFICER  
Name           KRISTOFKO, MATTHEW  
Address       6200 SOUTH SYRACUSE WAY, SUITE  
                  230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           MANAGER, CHIEF ADMINISTRATIVE  
                  OFFICER  
Name           GARVER, TONY  
Address       6200 SOUTH SYRACUSE WAY, SUITE  
                  230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           MANAGER, CFO  
Name           FADEYI, ABI  
Address       6200 S SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           CEO  
Name           MAZUR, STACY  
Address       6200 S SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title           CHAIRMAN  
Name           JOHNSON, JEFFREY  
Address       6200 SOUTH SYRACUSE WAY, SUITE  
                  230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MATTHEW KRISTOFKO

**MANAGER**

**04/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date