

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000000859

1. Entity Name
REALLEGAL, LLC



FILED

04 NOV 22 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3025 S. PARKER ROAD, 12TH FLOOR
AURORA, CO 80014

Mailing Address
3025 S. PARKER ROAD, 12TH FLOOR
AURORA, CO 80014

PK



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10142004 REIN-LLC CR2E101 (6/04)

4. FEI Number
30-0072820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cynthia L. Harris

Cynthia L. Harris
as its agent

11/22/04

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent must be required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William J. Feid

10/14/04

Date

303-302-7656

Daytime Phone #

REINSTATEMENT

2004

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