

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H110002468723ABC+

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
11 OCT 13 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
QUINTESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

RE-SUBMIT
Please retain original filing
date of submission 10/12

FILED
11 OCT 12 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 12 AM 8:26

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000003629

1. Limited Liability Company's Name

QUINTESS, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
11101 W. 120th Ave.

Suite, Apt. #, etc.

Suite 300

City & State

Broomfield, CO

Zip
80021

Country
USA

3. Mailing Office Address
11101 W. 120th Ave.

Suite, Apt. #, etc.

Suite 300

City & State

Broomfield, CO

Zip
80021

Country
USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 08/17/2010

6. FEI Number
20-0914540

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

E-mail Address:

msadler@quintess.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent Connie Bryan

Date 10/12/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Monogram Real Estate Holdings No. 1, L.L.C.	11101 W. 120th Avenue, Suite 300	Broomfield, CO 80021

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.158, F.S.

Signature of Managing
Member/Manager

Date 10/12/11

Daytime Phone # 720-406-1100

Typed or printed name of signing Managing Member/Manager Bryan M. Schwartz/General Counsel



October 13, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

QUINTESS, LLC
11101 WEST 120TH AVENUE, SUITE 300
BROOMFIELD, CO 80021

SUBJECT: QUINTESS, LLC
REF: M10000003629

FILED
11 OCT 12 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H11000246872
Letter Number: 711A00023483

RE-SUBMIT
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