



Colorado Secretary of State  
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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 20051248848  
*(Colorado Secretary of State ID number)*

Entity name 303 Gore Creek Dr., Inc.

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) Kleinschmidt Mara M. Ms.  
*(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 960 E. Chambers Avenue  
*(Street number and name)*  
Suite A-201  
Eagle CO 81631  
*(City) (State) (Zip Code)*

Mailing address P.O. Box 1050  
*(Street number and name or Post Office Box information)*  
Eagle CO 81631  
*(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 960 E. Chambers Avenue  
*(Street number and name)*  
Suite A-201  
Eagle CO 81631  
*(City) (State) (Postal/Zip Code)*  
United States  
*(Province – if applicable) (Country – if not US)*

Mailing address  
**(leave blank if same as street address)** P.O. Box 1050  
*(Street number and name or Post Office Box information)*  
Eagle CO 81631  
*(City) (State) (Postal/Zip Code)*  
United States  
*(Province – if applicable) (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.)*

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*(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

AZCARRAGA EMILIO FERNANDO  
*(Last) (First) (Middle) (Suffix)*  
6355 NORTH WEST 36 STREET NO. 309  
*(Street number and name or Post Office Box information)*  
MIAMI FL 33166  
*(City) (State) (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.)*

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