

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1100000135

**Entity Name:** OTOTRONIX, LLC

**Current Principal Place of Business:**

5000 TOWNSHIP PARKWAY  
ST PAUL, MN 55110

**Current Mailing Address:**

5000 TOWNSHIP PARKWAY  
ST PAUL, MN 55110 US

**FEI Number:** 32-0276109

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGRM  
Name SPEARMAN, BETH  
Address 26620 INTERSTATE 45 NORTH  
City-State-Zip: OAK RIDGE NORTH TX 77386

Title MGRM  
Name SPEARMAN, BRIAN  
Address 5000 TOWNSHIP PARKWAY  
City-State-Zip: ST PAUL MN 55110

Title MGRM  
Name INCIPIO, LLC  
Address 26620 INTERSTATE 45 NORTH  
City-State-Zip: OAK RIDGE NORTH TX 77386

Title MGRM  
Name INTREPID EQUITY, LLC  
Address 26620 INTERSTATE 45 NORTH  
City-State-Zip: OAK RIDGE NORTH TX 77386

Title MGRM  
Name HOU, ZEZHANG  
Address 26620 INTERSTATE 45 NORTH  
City-State-Zip: OAK RIDGE NORTH TX 77386

*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:** LAURA SCHOMMER

**ACCOUNTING**

**03/27/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date