

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000003035

Entity Name: POLARIS HOLDINGS I, LLC

Current Principal Place of Business:

2905 NORTHWEST BLVD
STE 150
PLYMOUTH, MN 55441

FILED
May 15, 2024
Secretary of State
3397131404CC

Current Mailing Address:

2905 NORTHWEST BLVD
STE 150
PLYMOUTH, MN 55441 US

FEI Number: 20-3347442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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: ADAM DEIS

05/15/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name BRACHMAN, ARMAND E.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name SWEEN, PAUL R.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name MOORHOUSE, MARK S.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name BARNES, CHRISTOPHER P.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name HUGGETT, JEFFREY R.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name QUIST, DEVON M.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name METZ, OWEN C.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title AUTHORIZED REPRESENTATIVE
Name ALLEN, TIMOTHY S.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

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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: PAUL SWEEN

MANAGER

05/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name LAHNA, CHRISTOPHER D.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name SWEEN, MARK
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name REINHARDT, SHAUN
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name ANDERSEN, NICHOLAS C.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name ROUTE, NEAL M.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER
Name SWEEN, TERRENCE M.
Address 2905 NORTHWEST BLVD
STE 150
City-State-Zip: PLYMOUTH MN 55441