

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000010142

**Entity Name:** FIBERCARE, LLC

**Current Principal Place of Business:**

1907 WAYZATA BLVD  
SUITE 240  
WAYZATA, MN 55391

**Current Mailing Address:**

1907 WAYZATA BLVD  
SUITE 240  
WAYZATA, MN 55391 US

**FEI Number:** 47-5558485

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MEMBER	Title	MEMBER
Name	FIBERCARE, INC.	Name	KIENKE, BRUCE
Address	1907 WAYZATA BLVD SUITE 240	Address	1907 WAYZATA BLVD SUITE 240
City-State-Zip:	WAYZATA MN 55391	City-State-Zip:	WAYZATA MN 55391
Title	AUTHORIZED PERSON		
Name	GRUDNOWSKI, ASHTON		
Address	1907 WAYZATA BLVD SUITE 240		
City-State-Zip:	WAYZATA MN 55391		

*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:** ASHTON GRUDNOWSKI

**AUTHORIZED PERSON**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date