# 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000790

Entity Name: SIGHTPATH MEDICAL, LLC

### **Current Principal Place of Business:**

5775 W. OLD SHAKOPEE ROAD SUITE 90

BLOOMINGTON, MN 55437

## **Current Mailing Address:**

5775 W. OLD SHAKOPEE ROAD SUITE 90 BLOOMINGTON, MN 55437

FEI Number: 41-1706343 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

FILED Mar 15, 2016

**Secretary of State** 

CC8191179961

# Authorized Person(s) Detail:

Title AUTHORIZED MEMBER
Name SPM CAPITAL, LLC

Address 5775 W. OLD SHAKOPEE ROAD

SUITE 90

City-State-Zip: BLOOMINGTON MN 55437

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: KIM MCCLEAN HRIS/PAYROLL MANAGER 03/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date