

**2021 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

**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:** PETER E FLYNN

PRESIDNET

02/26/2021

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

\_\_\_\_\_  
Date