LIMITED LIABILITY COMPANY ANNUAL REPORT

10/2017

NAME OF LIMITED LIABILITY COMPANY: FIBER OPTIC SOLUTIONS LLC

SECRETARY OF STATE ID NUMBER: 1747392 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2021

Filing Office Use Only
E - Filed Annual Report
1747392
CA202103500420
2/4/2021 09:45
☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: BEAULIEU, AMANDA

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS **& COUNTY**
14 OLD CHARLOTTE HWY
ASHEVILLE, NC 28803 Buncombe County

4. REGISTERED AGENT OFFICE MAILING ADDRESS
14 OLD CHARLOTTE HWY
ASHEVILLE, NC 28803

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: fiber optic

2. PRINCIPAL OFFICE PHONE NUMBER: (828) 435-2224

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS
14 OLD CHARLOTTE HWY
ASHEVILLE, NC 28803

5. PRINCIPAL OFFICE MAILING ADDRESS
14 OLD CHARLOTTE HWY
ASHEVILLE, NC 28803

6. Select one of the following if applicable. (Optional see instructions)

☐ The company is a veteran-owned small business

☐ The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Amanda Beaulieu
TITLE: Authorized Signatory
ADDRESS:
96 Retta Ln
Leicester, NC 28748

NAME: RUSSELL BROWN
TITLE: President
ADDRESS:
538 LAUREL COVE RD
STATESVILLE, NC 28677

NAME: BRANDON T BROWN
TITLE: Vice President
ADDRESS:
538 LAUREL COVE RD
STATESVILLE, NC 28677

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Amanda Beaulieu
SIGNATURE

2/4/2021
DATE

Form must be signed by a Company Official listed under Section C of This form.

Amanda Beaulieu
Print or Type Name of Company Official

Authorized Signatory
Print or Type Title of Company Official

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF $200.00

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525

SECTION E: ADDITIONAL COMPANY OFFICIALS

NAME: TREVOR BROWN	NAME: CLIFFORD CHURCHILL	NAME:
TITLE: Secretary	TITLE: Chief Operating Officer	TITLE:
ADDRESS:	ADDRESS:	ADDRESS:
691 ELMWOOD RD	407 HIGHLAND CREEK DR	
STATESVILLE, NC 28625	MARSHALL, NC 28753	
NAME:	NAME:	NAME:
TITLE:	TITLE:	TITLE:
ADDRESS:	ADDRESS:	ADDRESS:
NAME:	NAME:	NAME:
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