

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000000685

**Entity Name:** MTC CONSULTING LLC**Current Principal Place of Business:**345 INVERNESS DR. SOUTH  
BUILDING A, SUITE 100  
ENGLEWOOD, CO 80112**Current Mailing Address:**345 INVERNESS DR. SOUTH  
BUILDING A, SUITE 100  
ENGLEWOOD, CO 80112 US**FEI Number:** 85-2997132**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
515 E PARK AVE 2 FL  
TALLAHASSEE, FL 32301 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	MGRM
Name	FULL CIRCLE FIBER OPERATING
Address	1177 AVENUE OF THE AMERICAS 45TH FL
City-State-Zip:	NEW YORK NY 10036

Title	HR MANAGER
Name	GOLTZ, JENNIFER
Address	345 INVERNESS DR. SOUTH BUILDING A, SUITE 100
City-State-Zip:	ENGLEWOOD CO 80112

Title	HR COORDINATOR
Name	BIRD, LINDA
Address	345 INVERNESS DR. SOUTH BUILDING A, SUITE 100
City-State-Zip:	ENGLEWOOD CO 80112

*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:** JENNIFER GOLTZ

HR MANAGER

04/26/2023

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