

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091890

**Entity Name:** SAND 8 MANAGEMENT LLC

**Current Principal Place of Business:**

C/O CUMMINGS & LOCKWOOD LLC  
8000 HEALTH CENTER BLVD, STE 300  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

C/O CUMMINGS & LOCKWOOD LLC  
8000 HEALTH CENTER BLVD, STE 300  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 27-0999734

**Certificate of Status Desired:** No

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

CLASP INC.  
3001 TAMiami TRAIL NORTH  
STE 400  
NAPLES, FL 34103 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	MGR	Title	MGR
Name	HEUER, NEIL H	Name	HEUER, STEPHANIE I
Address	663 HICKORY RD	Address	663 HICKORY RD
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEIL H. HEUER

**MGR**

**04/19/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date