

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000104140

**Entity Name:** SAND 2014 MANAGEMENT, LLC.**Current Principal Place of Business:**1982 STATE ROAD 44, #173  
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**1982 STATE ROAD 44, #173  
NEW SMYRNA BEACH, FL 32168**FEI Number:** 47-1442881**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAGGONER, DARREN P  
1982 STATE ROAD 44, #173  
NEW SMYRNA BEACH, FL 32168 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 AMBR  
Name WAGGONER, DARREN P  
Address PO BOX 232  
City-State-Zip: STUDLEY VA 23162Title AMBR  
Name SPROLES, STEVEN L  
Address 9177 PEMBRIDGE DRIVE  
City-State-Zip: MECHANICSVILLE VA 23116Title AMBR  
Name APPLGATE GILLESPIE, ELIZABETH  
Address 1042 BRYNMORE DRIVE  
City-State-Zip: RICHMOND VA 23327Title AMBR  
Name SHELTON APPLGATE, ANNE  
Address 118 MARIE DRIVE  
City-State-Zip: PONCE INLET FL 32127

*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:** DARREN P. WAGGONER

MBR

03/02/2016

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