

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000104140

Entity Name: SAND 2014 MANAGEMENT, LLC.**Current Principal Place of Business:**118 MARIE DRIVE
PONCE INLET, FL 32127**Current Mailing Address:**PO BOX 232
STUDLEY, VA 23162 US**FEI Number:** 47-1442881**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAGGONER, DARREN P
118 MARIE DRIVE
PONCE INLET, FL 32127 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 23162

Title	AMBR
Name	SPROLES, STEVEN L
Address	9177 PEMBRIDGE DRIVE
City-State-Zip:	MECHANICSVILLE VA 23116

Title	AMBR
Name	APPLEGATE GILLESPIE, ELIZABETH
Address	1042 BRYNMORE DRIVE
City-State-Zip:	RICHMOND VA 23327

Title	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**PRESIDENT****04/01/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date