

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001662

**Entity Name:** ST. CLOUD CROSSINGS, LLC

**Current Principal Place of Business:**

366 SOUTH 10TH AVENUE  
WAITE PARK, MN 56387

**Current Mailing Address:**

366 SOUTH 10TH AVENUE  
WAITE PARK, MN 56387

**FEI Number:** 26-2681919

**Certificate of Status Desired:** No

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

TYRONE SUITES, LLC  
3831 TYRONE BOULEVARD  
104  
ST. PETERSBURG, FL 33709 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	AUTHORIZED REPRESENTATIVE
Name	SAND, LEO M	Name	SNELLING, STEVEN D
Address	366 SOUTH 10TH AVENUE	Address	366 SOUTH 10TH AVENUE
City-State-Zip:	WAITE PARK MN 56387	City-State-Zip:	WAITE PARK MN 56387

Title SECRETARY  
 Name SAND, NICOLE D  
 Address 366 SOUTH 10TH AVENUE  
 City-State-Zip: WAITE PARK MN 56387

*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:** STEVEN D SNELLING

**AUTHORIZED  
REPRESENTATIVE**

**04/09/2024**

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

\_\_\_\_\_  
Date