

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001738

**Entity Name:** SAND HOSPITALITY, 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:** 45-4157258

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           THELEN, JAMIE J  
Address        366 SOUTH 10TH AVENUE  
City-State-Zip: WAITE PARK MN 56387

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

Title           AUTHORIZED REPRESENTATIVE  
Name           SNELLING, STEVEN D  
Address        366 SOUTH 10TH AVENUE  
City-State-Zip: WAITE PARK MN 56387

Title           VP  
Name           WENDEL, MICHAEL C  
Address        366 SOUTH 10TH AVENUE  
City-State-Zip: WAITE PARK MN 56387

Title           VP  
Name           SAND, LEO M  
Address        366 SOUTH 10TH AVENUE  
City-State-Zip: WAITE PARK MN 56387

Title           VP  
Name           KRAHN, DAN H  
Address        366 SOUTH 10TH AVENUE  
City-State-Zip: WAITE PARK MN 56387

Title           CFO  
Name           NIETERS, SARAH B  
Address        366 SOUTH 10TH AVENUE  
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**

**03/17/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date