

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003483

**Entity Name:** SAND PROCUREMENT BY DESIGN, LLC

**Current Principal Place of Business:**

366 SOUTH 10TH AVE.  
WAITE PARK, MN 56387

**Current Mailing Address:**

366 SOUTH 10TH AVE.  
WAITE PARK, MN 56387 US

**FEI Number: 45-5370793**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	THELEN, JAMIE J	Name	SNELLING, STEVEN D
Address	366 SOUTH 10TH AVE.	Address	366 SOUTH 10TH AVE.
City-State-Zip:	WAITE PARK MN 56387	City-State-Zip:	WAITE PARK MN 56387
Title	SECRETARY	Title	VP
Name	SAND, NICOLE D	Name	WENDEL, MICHAEL C
Address	366 SOUTH 10TH AVE.	Address	366 SOUTH 10TH AVE.
City-State-Zip:	WAITE PARK MN 56387	City-State-Zip:	WAITE PARK MN 56387
Title	VP	Title	VP
Name	SAND, LEO M	Name	GERTKEN, ROGER W
Address	366 SOUTH 10TH AVE.	Address	366 SOUTH 10TH AVE.
City-State-Zip:	WAITE PARK MN 56387	City-State-Zip:	WAITE PARK MN 56387
Title	CFO		
Name	NIETERS, SARAH B		
Address	366 SOUTH 10TH AVE.		
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**

**05/11/2020**

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

\_\_\_\_\_  
Date