

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000001389

**Entity Name:** SAND ARCHITECTS, LLC

**Current Principal Place of Business:**

366 S 10TH AVE  
WAITE PARK, MN 56387

**Current Mailing Address:**

366 S 10TH AVE  
WAITE PARK, MN 56387 US

**FEI Number: 46-1839448**

**Certificate of Status Desired: No**

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

TYRONE SUITES, L.L.C.  
3831 TYRONE BLVD  
# 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  
Name THELEN, JAMIE J  
Address 366 S 10TH AVE  
City-State-Zip: WAITE PARK MN 56387

Title MGR  
Name WENDEL, MICHAEL C  
Address 366 S 10TH AVE  
City-State-Zip: WAITE PARK MN 56387

Title MGR  
Name SAND, LEO M  
Address 366 S 10TH AVE  
City-State-Zip: WAITE PARK MN 56387

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

Title MGR  
Name NIETERS, SARAH B  
Address 366 S 10TH AVE  
City-State-Zip: WAITE PARK MN 56387

Title MANAGER  
Name SAND, NICOLE D  
Address 366 S 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**

**04/27/2017**

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

\_\_\_\_\_  
Date