

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001439

Entity Name: SAND CONSTRUCTION, 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: 46-1831466

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
Name THELEN, JAMIE J
Address 366 SOUTH 10TH AVE.
City-State-Zip: WAITE PARK MN 56387

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

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

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

Title MGR
Name GERTKEN, ROGERN W
Address 366 SOUTH 10TH AVE.
City-State-Zip: WAITE PARK MN 56387

Title MGR
Name WALTER, GENE M
Address 366 SOUTH 10TH AVE.
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

Title SECRETARY
Name SAND, NICOLE D
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**

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date