2021 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

FILED Apr 16, 2021

Secretary of State

1438908884CC

Authorized Person(s) Detail:

Title MGR Title MGR

NameTHELEN, JAMIE JNameWENDEL, MICHAELAddress366 SOUTH 10TH AVE.Address366 SOUTH 10TH AVE.City-State-Zip:WAITE PARK MN 56387City-State-Zip:WAITE PARK MN 56387

Title MGR Title AUTHORIZED REPRESENTATIVE

NameSAND, LEO MNameSNELLING, STEVEN DAddress366 SOUTH 10TH AVE.Address366 SOUTH 10TH AVE.City-State-Zip:WAITE PARK MN 56387City-State-Zip:WAITE PARK MN 56387

Title MGR Title MGR

NameGERTKEN, ROGERN WNameWALTER, GENE MAddress366 SOUTH 10TH AVE.Address366 SOUTH 10TH AVE.City-State-Zip:WAITE PARK MN 56387City-State-Zip: WAITE PARK MN 56387

Title **SECRETARY** Title **CFO** Name SAND, NICOLE D NIETERS, SARAH B Name 366 SOUTH 10TH AVE. Address 366 SOUTH 10TH AVE. Address City-State-Zip: WAITE PARK MN 56387 WAITE PARK MN 56387 City-State-Zip:

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 SNELLING

AUTHORIZED REPRESENTATIVE 04/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date