

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000005160

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Entity Name:** ST. AUGUSTINE SANDS, L.L.C.

**Current Principal Place of Business:**

7 KIMBERLY LANE  
ST. AUGUSTINE BEACH, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

74 EAST GOLDEN LK. RD.  
CIRCLE PINES, MN 55014

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HARMSSEN, KAREN L  
7 KIMBERLY LANE  
ST AUGUSTINE, FL 32080 US

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

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: KAREN LEE HARMSSEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CO  
Name: HARMSSEN, TIM  
Address: 74 EAST GOLDEN LAKE ROAD  
City-St-Zip: CIRCLE PINES, MN 55014

Title: CO  
Name: HARMSSEN, KAREN  
Address: 74 EAST GOLDEN LAKE ROAD  
City-St-Zip: CIRCLE PINES, MN 55014

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KAREN LEE HARMSSEN

CO

05/03/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date