

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000052466	
1. Entity Name SAND POINT, LLC	

Principal Place of Business 333-17TH ST STE 2E VERO BEACH, FL 32960	Mailing Address 333-17TH ST STE 2E VERO BEACH, FL 32960
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DO NOT WRITE IN THIS SPACE



03072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0567410	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FROMBERG, MALCOLM H
2 GROVE ISLE DRIVE, PH-1
COCONUT GROVE, FL 33133**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000874582
04/10/08-80123-010 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROMBERG, MALCOLM 2 GROVE ISLE DRIVE, PH 1 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROMBERG, DOREE 2 GROVE ISLE DRIVE, PH 1 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VON STEIN, KIRK 333-17TH ST STE 2E VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Kirk Von Stein **MANAGER** 3/24/08 772-778-4885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

KIRK VON STEIN