2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# L06000074013

Entity Name: SANDCASTLE MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

5490 KEEL DR
PENSAOCOLA, FL 32507

New Principal Place of Business:

5884 GROTTO AVE
PENSAOCOLA, FL 32507

Current Mailing Address:

5490 KEEL DR
PENSAOCOLA, FL 32507

New Mailing Address:

5884 GROTTO AVE
PENSAOCOLA, FL 32507

FEI Number: 03-0600453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGLETARY, BRENDA J
5490 KEEL DR
PENSAOCOLA, FL 32507 US

Name and Address of New Registered Agent:

SINGLETARY, BRENDA J
5884 GROTTO AVE
PENSAOCOLA, FL 32507 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: 02/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SINGLETARY, BRENDA J
Address: 5490 KEEL DR
City-St-Zip: PENSAOCOLA, FL 32507

Title: MGRM ( ) Delete
Name: SINGLETARY, JAMES L
Address: 5490 KEEL DR
City-St-Zip: PENSAOCOLA, FL 32507

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SINGLETARY, BRENDA J
Address: 5884 GROTTO AVE
City-St-Zip: PENSAOCOLA, FL 32507

Title: MGRM (X) Change ( ) Addition
Name: SINGLETARY, JAMES L
Address: 5884 GROTTO AVE
City-St-Zip: PENSAOCOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRENDA SINGLETARY MGRM 02/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date