

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089929

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: THE SAND PIT, LLC

**Current Principal Place of Business:**

6445 DUNLIETH PLACE  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

6445 DUNLIETH PLACE  
PENSACOLA, FL 32504 US

**New Mailing Address:**

FEI Number: 27-0487814      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SIKES, LAMAR H  
6445 DUNLIETH PLACE  
PENSACOLA, FL 32504 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIKES, LAMAR H.  
Address: 6445 DUNLIETH PLACE  
City-St-Zip: PENSACOLA, FL 32504 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SIKES PIPE CO, INC  
Address: 6445 DUNLIETH PLACE  
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM ( ) Change (X) Addition  
Name: WASHINGTON COUNTY LAND & DEVELOPMENT, LLC  
Address: 6445 DUNLIETH PL  
City-St-Zip: PENSACOLA, FL 32504

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: LAMAR SIKES

MGR

07/06/2009

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