

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90026 014 ****50.00

DOCUMENT # M01000000016

1. Entity Name
STERLING SANDS, LLC



Principal Place of Business
**209 WINGED FOOT CIRCLE
JACKSON MS 39211**

Mailing Address
**209 WINGED FOOT CIRCLE
JACKSON MS 39211**

2. Principal Place of Business
Abbey Nord

Suite, Apt. #, etc.
#4

City & State
Jackson, MS

Zip
39216

Country
U.S.A.

3. Mailing Address
Abbey Nord

Suite, Apt. #, etc.
#4

City & State
Jackson, MS

Zip
39216

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **64-0934968**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C-T-CORPORATION-SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MILLER, MARY A
209 WINGED FOOT CIRCLE
JACKSON MS 39211** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Ann M. McDuffie
#4 Abbey Nord
Jackson, MS 39216** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Elizabeth M. Cobb
385 Rollingwood Drive
Meridian, MS 39305** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Ann M. McDuffie - MGRM Elizabeth M. Cobb - MGRM

SIGNATURE: *Ann M. McDuffie* *Elizabeth M. Cobb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan. 11, 2003 601-957-9182

Date

Daytime Phone #

CR2E083 (10/02)