

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # M05000006008

1. Entity Name
SANDY DOLLAR, LLC



Principal Place of Business
**8281 KRONLOKKEN LANE
LAFAYETTE, IN 47909**

Mailing Address
**8281 KRONLOKKEN LANE
LAFAYETTE, IN 47909**



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3622970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'MALLEY, R. MICHAEL
4021 ARROWWOOD CT.
BONITA SPRINGS, FL 34134**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------|
| TITLE | MGRM |
| NAME | HOOD, DAVID |
| STREET ADDRESS | 8281 KRONLOKKEN LANE |
| CITY- ST- ZIP | LAFAYETTE, IN 47909 |
| TITLE | MGRM |
| NAME | O'MALLEY, R. MICHAEL |
| STREET ADDRESS | 4021 ARROWWOOD CT. |
| CITY- ST- ZIP | BONITA SPRINGS, FL 34134 |
| 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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01/12/07-80028-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-4-07 765491-1723