

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093137

**Entity Name:** LEHIGH-CASHIERS, LLC

**Current Principal Place of Business:**

100 BLUFF VIEW DRIVE  
210-B  
BELLAIR BLUFFS, FL 33770

**Current Mailing Address:**

100 BLUFF VIEW DRIVE  
210-B  
BELLAIR BLUFFS, FL 33770

**FEI Number:** 20-3506082

**Certificate of Status Desired:** No

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

HEIRONIMUS, THOMAS L  
100 BLUFF VIEW DRIVE  
210-B  
BELLEAIR BLUFFS, FL 33770 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

**Authorized Person(s) Detail :**

Title MGRM  
Name KINGDON, VICTOR S  
Address 810 HARBOR WATCH DRIVE  
57  
City-State-Zip: PETOSKEY MI 49770

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTOR S KINGDON

**MANAGING PARTNER**

**04/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date