

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032124

Entity Name: DECA LEHIGH, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

150 MAIN STREET, SUITE 3
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 250
LABELLE, FL 33975

New Mailing Address:

FEI Number: 38-3688866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, JOHN J
150 MAIN STREET, SUITE 3
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: WATKINS, JOHN J TRUSTEE
Address: P.O. BOX 250
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM () Delete
Name: DELACRUZ, GUADALUPE
Address: 322 GUNNERY ROAD SOUTH, UNIT B
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: MGRM () Delete
Name: DELACRUZ, MELISSA
Address: 322 GUNNERY ROAD SOUTH, UNIT B
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN JAY WATKINS

MGRM

01/15/2009

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