

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000032124

Entity Name: DECA LEHIGH, LLC

**FILED**  
**Jan 05, 2010**  
**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  
Name: WATKINS, JOHN J TRUSTEE  
Address: P.O. BOX 250  
City-St-Zip: LABELLE, FL 33975 US

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

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

I hereby 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 J WATKINS

MGRM

01/05/2010

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