

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093137

Entity Name: LEHIGH-CASHIERS, LLC

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-3506082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEIRONIMUS, THOMAS L  
100 BLUFF VIEW DRIVE  
210-B  
BELLEAIR BLUFFS, FL 33770 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: HEIRONIMUS, THOMAS L  
Address: 100 BLUFF VIEW DRIVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: THOMAS L HEIRONIMUS

MM

04/26/2011

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