2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000003261

1. Entity Name
CASHIERS, LLC

Principal Place of Business	Mailing Address
5150 TAMIAMI TRAIL NORTH SUITE 501 NAPLES, FL 34103	5150 TAMIAMI TRAIL NORTH SUITE 501 NAPLES, FL 34103

01112008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4074781
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEIGH, DAVID E
5150 TAMIAMI TRAIL, NORTH
SUITE 501
NAPLES, FL 34103

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEIGH, DAVID E
STREET ADDRESS	5150 TAMIAMI TRAIL NORTH, SUITE 501
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	GARADELLA, FRAZIER R
STREET ADDRESS	2777 66TH STREET SW
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGRM
NAME	KENZIE, DAVID
STREET ADDRESS	109 EUGENIA DRIVE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	M
NAME	BOLLINGER, PAUL
STREET ADDRESS	330 CRESCENT TRAIL
CITY-ST-ZIP	HIGHLANDS, NC 28741
TITLE	M
NAME	BULTNICK, STEFFAAN E
STREET ADDRESS	958 SPYGLASS LANE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000789373
01/22/08-80021-024 138.75

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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.

239 435

SIGNATURE: David E Leigh Mgr 1-16-08 9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #