

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003261

FILED
Jan 08, 2009
Secretary of State

Entity Name: CASHIERS, LLC

Current Principal Place of Business:

5150 TAMIAMI TRAIL NORTH
SUITE 501
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5150 TAMIAMI TRAIL NORTH
SUITE 501
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-4074781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGH, DAVID E
5150 TAMIAMI TRAIL, NORTH
SUITE 501
NAPLES, FL 34103 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: LEIGH, DAVID E
Address: 5150 TAMIAMI TRAIL NORTH, SUITE 501
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: GARADELLA, FRAZIER R
Address: 2777 66TH STREET SW
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: KENZIE, DAVID
Address: 109 EUGENIA DRIVE
City-St-Zip: NAPLES, FL 34108

Title: M () Delete
Name: BOLLINGER, PAUL
Address: 330 CRESCENT TRAIL
City-St-Zip: HIGHLANDS, NC 28741

Title: M () Delete
Name: BULTNICK, STEFFAAN E
Address: 958 SPYGLASS LANE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GARADELLA, FRAZIER R
Address: 732 MYRTLE TERRACE
City-St-Zip: NAPLES, FL 34103

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

Title: MGRM (X) Change () Addition
Name: BOLLINGER, PAUL
Address: 330 CRESCENT TRAIL
City-St-Zip: HIGHLANDS, NC 28741

Title: MGRM (X) Change () Addition
Name: BULTNICK, STEFFAAN E
Address: 958 SPYGLASS LANE
City-St-Zip: NAPLES, FL 34102

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: DAVID E. LEIGH

MGRM

01/08/2009

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