

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000145695

Entity Name: LEHIGH LENDERS, LLC**Current Principal Place of Business:**403 JOAN AVE N SUITE D
LEHIGH ACRES, FL 33971**Current Mailing Address:**403 JOAN AVE N SUITE D
LEHIGH ACRES, FL 33971**FEI Number:** 20-3294197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLINGSWORTH, JULIE A
403 JOAN AVE N SUITE D
LEHIGH ACRES, FL 33971 US*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**Authorized Person(s) Detail :**

Title	MANAGER
Name	HOLLINGSWORTH, JULIE A
Address	403 JOAN AVE N SUITE D
City-State-Zip:	LEHIGH ACRES FL 33971

Title	MGMR
Name	STOUT, NATHAN
Address	403 JOAN AVE N SUITE D
City-State-Zip:	LEHIGH ACRES FL 33971

Title	MGMR
Name	MCWILLIAMS, JOHN
Address	403 JOAN AVE N SUITE D
City-State-Zip:	LEHIGH ACRES FL 33971

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J NATHAN STOUT

MGMR

01/23/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date