

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005617

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: WELLS ENTERPRISES L.L.C.

**Current Principal Place of Business:**

3832 MECCA ST  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

3832 MECCA ST  
JACKSONVILLE, FL 32209

**New Mailing Address:**

FEI Number: 59-3604570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WELLS, CARLTON J SR  
11031 DUVAL ROAD  
JACKSONVILLE, FL 32218 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: WELLS, CARLTON J SR  
Address: 11031 DUVAL ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM ( ) Delete  
Name: MORDECAI, GWENDOLYN W  
Address: 6553 PERRY STREET  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM ( ) Delete  
Name: BRICE, NORMA  
Address: 2827 ARMSDALE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM ( ) Delete  
Name: SMITH, GLORIA W  
Address: 4929 FREDERICKSBURG AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete  
Name: OLDS, SONYA E  
Address: 5410 LISTON RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: T ( ) Delete  
Name: WELLS, LILLIAN  
Address: 240 WIN CHESTER DR  
City-St-Zip: COVINGTON, GA 30016

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

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: SONYA E OLDS

S

02/06/2009

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