

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005617

FILED
May 02, 2010
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 ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WELLS, CARLTON J SR
11031 DUVAL ROAD
JACKSONVILLE, FL 32218 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

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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

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: SONYA E OLDS

S

05/02/2010

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