

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000005617

FILED
Jan 23, 2013
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: CARLTON J WELLS, SR

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

01/23/2013

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