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: FREDERICK METIVIER

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized Person(s) Detail :

Title	PS	Title	VP
Name	METIVIER, SABRINA	Name	METIVIER, FREDERICK
Address	5192 EDWINA ST.	Address	5192 EDWINA ST.
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

	the purpose of changing ite re	giotoroa ornoo or rogiotoroa ag	
SIGNATURE			

Current Principal Place of Business:

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: WELLSPRING MANAGEMENT ENTERPRISES LLC

5192 EDWINA ST. ORLANDO, FL 32811

Current Mailing Address:

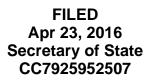
DOCUMENT# L11000052478

5192 EDWINA ST. ORLANDO, FL 32811 US

FEI Number: 61-1646068

Name and Address of Current Registered Agent:

METIVIER, FREDERICK 5192 EDWINA ST. ORLANDO, FL 32811 US



Date

Certificate of Status Desired: No

AGENT

04/23/2016

Date