

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000052478

**Entity Name:** WELLSRING MANAGEMENT ENTERPRISES LLC

**Current Principal Place of Business:**

5192 EDWINA ST.  
ORLANDO, FL 32811

**Current Mailing Address:**

5192 EDWINA ST.  
ORLANDO, FL 32811 US

**FEI Number: 61-1646068**

**Certificate of Status Desired: No**

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

METIVIER, FREDERICK  
5192 EDWINA ST.  
ORLANDO, FL 32811 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	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

*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**

**AGENT**

**04/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date