

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000258162

**FILED**  
**Apr 22, 2019**  
**Secretary of State**  
**9827408488CC**

**Entity Name:** WELLS FAMILY RETIREMENT, LLC

**Current Principal Place of Business:**

339 MILESTONE DRIVE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

339 MILESTONE DRIVE  
TALLAHASSEE, FL 32312 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WELLS, BARTLETT C  
339 MILESTONE DRIVE  
TALLAHASSEE, FL 32312 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            AMBR  
Name            WELLS, BARTLETT C  
Address        339 MILESTONE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title            AMBR  
Name            WELLS, CLAYTON D  
Address        339 MILESTONE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title            AMBR  
Name            WELLS, ELIZABETH R  
Address        339 MILESTONE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

*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:** BARTLETT WELLS

AMBR

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date