

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000258162

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

STD

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date