

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000223743

**Entity Name:** WELLS ENTERPRISE1 L.L.C.

**Current Principal Place of Business:**

2780 E FOWLER AVENUE #591  
TAMPA, FL 33612-6297

**Current Mailing Address:**

P O BOX 5051  
SUN CITY CENTER, FL 33571

**FEI Number: 85-2373739**

**Certificate of Status Desired: No**

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

WELLS, DWAYNE  
2780 E FOWLER AVENUE #591  
TAMPA, FL 33612-6297 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 MGR  
Name WELLS, DWAYNE  
Address P O BOX 5051  
City-State-Zip: SUN CITY CENTER FL 33571

Title SEC  
Name WELLS, DWAYNE  
Address P O BOX 5051  
City-State-Zip: SUN CITY CENTER FL 33571

Title TREA  
Name WELLS, DWAYNE  
Address P O BOX 5051  
City-State-Zip: SUN CITY CENTER FL 33571

Title AMGR  
Name ASHMAN WELLS, JACQUELINE  
Address P O BOX 5051  
City-State-Zip: SUN CITY CENTER FL 33571

*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: DWAYNE WELLS**

**PRESIDENT**

**04/05/2024**

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

\_\_\_\_\_  
Date