2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005617

Entity Name: WELLS ENTERPRISES L.L.C.

Current Principal Place of Business:

6553 PERRY STREET
JACKSONVILLE, FL 32208

Current Mailing Address:

6553 PERRY STREET
JACKSONVILLE, FL 32208 US

FEI Number: 59-3604570

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WELLS, CARLTON J SR
11031 DUVAL ROAD
JACKSONVILLE, FL 32218 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	MGRM		Title	TREASURER
Name	WELLS, CARLTON J SR		Name	MORDECAI, GWENDOLYN W
Address	11031 DUVAL ROAD		Address	6553 PERRY STREET
City-State-Zip:	JACKSONVILLE FL 32218		City-State-Zip:	JACKSONVILLE FL 32208
Title	MGRM		Title	SECRETARY
Name	BRICE, NORMA		Name	SMITH, GLORIA W
Address	2827 ARMSDALE ROAD		Address	4929 FREDERICKSBURG AVENUE
City-State-Zip:	JACKSONVILLE FL 32218		City-State-Zip:	JACKSONVILLE FL 32208
Title	PRESIDENT		Title	VP
Name	OLDS, SONYA E		Name	WELLS, LILLIAN
Address	5410 LISTON RD		Address	240 WIN CHESTER DR
City-State-Zip:	JACKSONVILLE FL 32219		City-State-Zip:	COVINGTON GA 30016
Title	FINANICAL SECRETARY			
Name	WELLS, BILLIE E SR.			
Address	5303 CHIVALRY DR.			
City-State-Zip:	JACKSONVILLE FL 32208			

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: GWENDOLYN MORDECAI   TREASURER   03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail   Date