

2016 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: No

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
Name WELLS, CARLTON J SR
Address 11031 DUVAL ROAD
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER
Name MORDECAI, GWENDOLYN W
Address 6553 PERRY STREET
City-State-Zip: JACKSONVILLE FL 32208

Title MGRM
Name BRICE, NORMA
Address 2827 ARMSDALE ROAD
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY
Name SMITH, GLORIA W
Address 4929 FREDERICKSBURG AVENUE
City-State-Zip: JACKSONVILLE FL 32208

Title PRESIDENT
Name OLDS, SONYA E
Address 5410 LISTON RD
City-State-Zip: JACKSONVILLE FL 32219

Title VP
Name WELLS, LILLIAN
Address 240 WIN CHESTER DR
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

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date