

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000051027

**FILED**  
**May 04, 2007**  
**Secretary of State**

**Entity Name:** WELLS HOME REPAIR, LLC

**Current Principal Place of Business:**

1620 WELLS ROAD  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

1620 WELLS ROAD  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 56-2393078      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WELLS, BRIAN M  
1620 WELLS ROAD  
GREEN COVE SPRINGS, FL 32043      US

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

ALL FLORIDA FIRM, INC.  
465 S. VOLUSIA AVE.  
SUITE C  
ORANGE CITY, FL 32763      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:** DEVIN NEWMAN ASST. SECRETARY

05/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** WELLS, BRIAN M  
**Address:** 1620 WELLS ROAD  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** BRIAN WELLS

MGRM

05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date