

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019537

Entity Name: WELLS UNLIMITED, L.L.C.

FILED
Jul 02, 2005
Secretary of State

Current Principal Place of Business:

2121 W JEFFERSON ST
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

PO BOX 417
QUINCY, FL 32353

New Mailing Address:

FEI Number: 20-0859230 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:

Name and Address of New Registered Agent:

RICHARD A. GLOVER, C.P.A., P.A.
1809 MICCOSUKEE COMMONS DR
TALLAHASSEE, FL 32308 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELLS, LAURA J
Address: PO BOX 417
City-St-Zip: QUINCY, FL 32353

Title: MGRM () Delete
Name: WELLS, JOHN R
Address: PO BOX 417
City-St-Zip: QUINCY, FL 32353

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURA WELLS

MGRM

07/02/2005

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