

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019537

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

FILED  
Apr 25, 2008  
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 ( )

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

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

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

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 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: LAURA J. WELLS

SECT

04/25/2008

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