

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090916

Entity Name: WELLSPRING ENTERPRISES, LLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

14433 NOTTINGHAM TRAIL
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

14433 NOTTINGHAM TRAIL
HUDSON, FL 34669

New Mailing Address:

FEI Number: 20-3764620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, CHRISTOPHER
14433 NOTTINGHAM TRAIL
HUDSON, FL 34669 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: MGR () Delete
Name: SCHMIDT, CHRISTOPHER
Address: 14433 NOTTINGHAM TRAIL
City-St-Zip: HUDSON, FL 34669

Title: MGRM () Delete
Name: SCHMIDT, DAVID
Address: 10212 DUSTY HILL LOOP
City-St-Zip: DADE CITY, FL 34669

Title: MGRM () Delete
Name: SCHMIDT, TONI
Address: 14433 NOTTINGHAM TRAIL
City-St-Zip: HUDSON, FL 34669

Title: MGRM () Delete
Name: SCHMIDT, JUDY
Address: 19212 DUSTY HILL LOOP
City-St-Zip: DADE CITY, FL 34669

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHMIDT, CHRISTOPHER
Address: 14433 NOTTINGHAM TRAIL
City-St-Zip: HUDSON, FL 34669

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

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 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: CHRISTOPHER SCHMIDT

MGRM

01/05/2006

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