

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108949

Entity Name: T.J. WELLS, LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

4354 MARCOTT CIR  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4354 MARCOTT CIR  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 20-3764738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WELLS, TOM  
4354 MARCOTT CIR  
SARASOTA, FL 34233 US

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

WELLS, TOM J  
4354 MARCOTT CIR  
SARASOTA, FL 34233 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: THOMAS J WELLS

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WELLS, TOM J  
Address: 4354 MARCOTT CIR  
City-St-Zip: SARASOTA, FL 34233

**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: THOMAS J WELLS

OWNE

01/15/2009

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