2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90136 045 ***138.75

DOCUMENT # L05000121545

1. Entity Name

DAVID WELLS SERVICES, LLC

Principal Place of Business	Mailing Address
~~1422 16TH ST~~ chg. ~~APT. 30~~ VERO BEACH FL 32960	~~1422 16TH ST~~ Chg. ~~APT. 30~~ VERO BEACH FL 32960

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1650 14th Ave.	1650 14th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, FL	City & State: Vero Beach FL
Zip: 32960 Country: Indian River	Zip: 32960 Country: Indian River

4. FEI Number 20-4021740 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, DAVID
~~1422 16TH ST.~~ 1650 14th Ave.
~~APT. 30~~
VERO BEACH FL 32960

[signature]

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DAVID M. WELLS 1/27/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WELLS, DAVID 1650 14th Ave		NAME		
STREET ADDRESS	~~1422 16TH ST., APT. 30~~		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] DAVID M WELLS 1/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #