

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050273

**FILED**  
**Apr 26, 2009**  
**Secretary of State**

**Entity Name:** WELLS PROFESSIONAL HOME SERVICES, LLC

**Current Principal Place of Business:**

4235 CASTLEBRIDGE LN UNIT #1221  
SARASOTA, FL 34238

**New Principal Place of Business:**

4235 CASTLEBRIDGE LN UNIT #1221  
1221  
SARASOTA, FL 34238

**Current Mailing Address:**

4235 CASTLEBRIDGE LN UNIT #1221  
SARASOTA, FL 34238

**New Mailing Address:**

4235 CASTLEBRIDGE LN UNIT #1221  
1221  
SARASOTA, FL 34238

**FEI Number:** 65-1305587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLS, GERALD R  
4235 CASTLE BRIDGE LANE UNIT 1221  
SARASOTA, FL 34238 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, GERALD R  
**Address:** 4235 CASTLEBRIDGE LN UNIT #1221  
**City-St-Zip:** SARASOTA, FL 34238

**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:** GERALD R. WELLS

MGRM

04/26/2009

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