

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099577

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** WELLS FINANCIAL CONSULTING, LLC

**Current Principal Place of Business:**

3136 BONNYBROOK DR. S  
LAKELAND, FL 33811

**New Principal Place of Business:**

520 S. FLORIDA AVE  
LAKELAND, FL 33801

**Current Mailing Address:**

3136 BONNYBROOK DR. S  
LAKELAND, FL 33811

**New Mailing Address:**

FEI Number: 59-3436198      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WELLS, MICHAEL S  
3136 BONNYBROOK DR. S  
LAKELAND, FL 33811      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: WELLS, MICHAEL S  
Address: 520 S. FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33811

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: MICHAEL S. WELLS

MGRM

01/05/2008

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