

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122273

FILED  
Feb 19, 2011  
Secretary of State

**Entity Name:** BRETHREN WHOLESALERS LLC

**Current Principal Place of Business:**

4105 NW 195TH STREET  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4105 NW 195TH STREET  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

FEI Number: 26-1519246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WELLS, CALTON E  
4105 NW 195TH STREET  
MIAMI GARDENS, FL 33055 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  
Name: WELLS, CALTON E  
Address: 4105 NW 195TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: MGRM  
Name: WELLS, NICHOLE L  
Address: 4105 NW 195TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: MGRM  
Name: WELLS, DARRELL J  
Address: 3745 NW 197TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: MGRM  
Name: WELLS, CLAUDETTE  
Address: 3745 NW 197TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: MGRM  
Name: WELLS, ISAAC  
Address: 4105 NW 195TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby 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: CALTON WELLS

MGR

02/19/2011

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