

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056903

**FILED**  
**Feb 14, 2010**  
**Secretary of State**

**Entity Name:** WELLS MANAGERIAL 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:** 26-2713909

**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, FELTON L  
**Address:** 4105 NW 195TH STREET  
**City-St-Zip:** MIAMI GARDENS, FL 33055

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

**Title:** MGRM  
**Name:** WELLS, CALTON E  
**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 E WELLS

MGRM

02/14/2010

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