

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028881

Entity Name: OH WELL, LLC

**FILED**  
**Jul 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

260 SPRING FOREST DR.  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

260 SPRING FOREST DR.  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

FEI Number: 27-2664666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OWENS, TAMELA S  
260 SPRING FOREST DR.  
NEW SMYRNA BEACH, FL 32168 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  
Name: OWENS, TAMELA S  
Address: 260 SPRING FOREST DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM  
Name: WELBORN, GARY S  
Address: 260 SPRING FOREST DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: TAMELA OWENS

MGRM

07/02/2012

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