

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077668

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** MICHAEL S WELLS CPA PLC

**Current Principal Place of Business:**

2920 DRANE FIELD ROAD  
LAKELAND, FL 33811

**New Principal Place of Business:**

302 S. MASSACHUSETTS AVE  
SUITE 113  
LAKELAND, FL 33801

**Current Mailing Address:**

3136 BONNYBROOK DR S  
LAKELAND, FL 33811

**New Mailing Address:**

**FEI Number:** 27-3100567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLS, MICHAEL S  
3136 BONNYBROOK DR S  
LAKELAND, FL FL 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: WELLS, MICHAEL S  
Address: 3136 BONNYBROOK DR S  
City-St-Zip: LAKELAND, FL 33811

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: MICHAEL WELLS

MGRM

01/04/2012

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