

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # L99000008624

1. Entity Name

WELLS BROTHERS FARM, LLC



Principal Place of Business

7750 COUNTY ROAD 208
ST. AUGUSTINE FL 32092

Mailing Address

7750 COUNTY ROAD 208
ST. AUGUSTINE FL 32092



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

59-3049978

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, RICHARD E
7750 COUNTY ROAD 208
ST. AUGUSTINE FL 32092

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2007

U00000679333
04/03/07-80034-014 50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGR	WELLS, WILLIAM W III	7750 C.R. 208 ST. AUGUSTINE FL 32092				
	MGR	WELLS, RICHARD E	7750 C.R. 208 ST. AUGUSTINE FL 32092				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Richard Wells

3/21/07

(904) 940-3592