

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M03000002058

**FILED**  
**Nov 18, 2008**  
**Secretary of State**

**Entity Name:** WELLS NEXT GENERATION FINANCIAL, LLC

**Current Principal Place of Business:**

251 WEST GRAND RIVER  
EAST LANSING, MI 48823

**New Principal Place of Business:**

211 CAROLINE ST.  
OFFICE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

251 WEST GRAND RIVER  
EAST LANSING, MI 48823

**New Mailing Address:**

211 CAROLINE ST.  
OFFICE  
CAPE CANAVERAL, FL 32920

**FEI Number:** 30-0003406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLS, JEFFREY W  
211 CAROLINE STREET OFFICE  
CAPE CANAVERAL, FL 32920 US

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

WELLS, JEFFERY W PRES  
211 CAROLINE ST.  
OFFICE  
CAPE CANAVERAL, FL 32920 US

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: JEFFERY W. WELLS

11/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WELLS, JEFFREY W  
Address: 211 CAROLINE STREET OFFICE  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: WELLS, JEFFREY W  
Address: 211 CAROLINE STREET OFFICE  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEFFERY W. WELLS

PRES

11/18/2008

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