# I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES BREWER

Entity Name: W.G. WELLES, IV FAMILY LIMITED LIABILITY LIMITED

Current Principal Place of Business:

2880 SE HANSEL AVE (NO RECEPTICAL) PO BOX 1179 ARCADIA, FL 34265

## **Current Mailing Address:**

PO BOX 1179 ARCADIA, FL 34265 US

## FEI Number: 20-5898340

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

BREWER, JAMES C ESQ. 124 NORTH BREVARD AVENUE ARCADIA, FL 34266 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: JAMES COLE BREWER

Electronic Signature of Registered Agent

## **General Partner Detail :**

Document # P06000143884 W. G. WELLES, IV ENTERPRISES, INC. Name PO BOX 1179 Address City-State-Zip: ARCADIA FL 34265

REGISTERED AGENT

Electronic Signature of Signing General Partner Detail

# Certificate of Status Desired: No

01/31/2023 Date

01/31/2023 Date

FILED Jan 31, 2023 Secretary of State 5193311537CC

DOCUMENT# A0600001339

2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

PARTNERSHIP