### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122273

Entity Name: BRETHREN WHOLESALERS LLC

#### **Current Principal Place of Business:**

4105 NW 195TH STREET MIAMI GARDENS, FL 33055

### **Current Mailing Address:**

4105 NW 195TH STREET MIAMI GARDENS, FL 33055

## FEI Number: 26-1519246

### Name and Address of Current Registered Agent:

WELLS, CALTON E 4105 NW 195TH STREET MIAMI GARDENS, FL 33055 US Secretary of State CC9288230751

Date

Certificate of Status Desired: Yes

FILED Apr 08, 2018

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

# Authorized Person(s) Detail :

Titl	е	MGRM	Title	MGRM
Na	me	WELLS, CALTON E	Name	WELLS, NICHOLE L
Ad	dress	4105 NW 195TH STREET	Address	4105 NW 195TH STREET
Cit	y-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	MIAMI GARDENS FL 33055
Titl	e	MGR	Title	MGRM
Na	me	WELLS, ISAAC	Name	WELLS, CALEB
Ad	dress	4501 NW 178TH ST	Address	4105 NW 195TH STREET
Cit	y-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	MIAMI GARDENS FL 33055
Titl	۵		Title	AUTHORIZED MEMBER
Titl Na	e me	AUTHORIZED MEMBER WELLS. JAEL N	Title Name	AUTHORIZED MEMBER WELLS, MICHELLE E
Na		AUTHORIZED MEMBER WELLS, JAEL N 4105 NW 195TH STREET		
Na Ad	me	WELLS, JAEL N	Name	WELLS, MICHELLE E 4105 NW 195TH STREET
Na Ade City	me dress y-State-Zip:	WELLS, JAEL N 4105 NW 195TH STREET MIAMI GARDENS FL 33055	Name Address	WELLS, MICHELLE E 4105 NW 195TH STREET
Na Ade Cit <u>t</u> Titl	me dress y-State-Zip: e	WELLS, JAEL N 4105 NW 195TH STREET MIAMI GARDENS FL 33055 AUTHORIZED MEMBER	Name Address City-State-Zip:	WELLS, MICHELLE E 4105 NW 195TH STREET MIAMI GARDENS FL 33055
Na Ade City Titl Na	me dress y-State-Zip: e me	WELLS, JAEL N 4105 NW 195TH STREET MIAMI GARDENS FL 33055 AUTHORIZED MEMBER WELLS, DANIEL	Name Address City-State-Zip: Title Name	WELLS, MICHELLE E 4105 NW 195TH STREET MIAMI GARDENS FL 33055 AUTHORIZED MEMBER WELLS, OLIVIA G
Na Ade City Titl Na Ade	me dress y-State-Zip: e me dress	WELLS, JAEL N 4105 NW 195TH STREET MIAMI GARDENS FL 33055 AUTHORIZED MEMBER WELLS, DANIEL 4105 NW 195TH STREET	Name Address City-State-Zip: Title Name Address	WELLS, MICHELLE E 4105 NW 195TH STREET MIAMI GARDENS FL 33055 AUTHORIZED MEMBER WELLS, OLIVIA G 4105 NW 195TH STREET
Na Ade City Titl Na Ade	me dress y-State-Zip: e me	WELLS, JAEL N 4105 NW 195TH STREET MIAMI GARDENS FL 33055 AUTHORIZED MEMBER WELLS, DANIEL	Name Address City-State-Zip: Title Name	WELLS, MICHELLE E 4105 NW 195TH STREET MIAMI GARDENS FL 33055 AUTHORIZED MEMBER WELLS, OLIVIA G 4105 NW 195TH STREET

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CALTON E WELLS

MGRM

04/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date