

2019 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

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WELLS, CALTON E
4105 NW 195TH STREET
MIAMI GARDENS, FL 33055 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name WELLS, CALTON E
Address 4105 NW 195TH STREET
City-State-Zip: MIAMI GARDENS FL 33055

Title MGRM
Name WELLS, NICHOLE L
Address 4105 NW 195TH STREET
City-State-Zip: MIAMI GARDENS FL 33055

Title MGR
Name WELLS, ISAAC
Address 4501 NW 178TH ST
City-State-Zip: MIAMI GARDENS FL 33055

Title MGRM
Name WELLS, CALEB
Address 4105 NW 195TH STREET
City-State-Zip: MIAMI GARDENS FL 33055

Title AUTHORIZED MEMBER
Name WELLS, JAEL N
Address 4105 NW 195TH STREET
City-State-Zip: MIAMI GARDENS FL 33055

Title AUTHORIZED MEMBER
Name WELLS, MICHELLE E
Address 4105 NW 195TH STREET
City-State-Zip: MIAMI GARDENS FL 33055

Title AUTHORIZED MEMBER
Name WELLS, DANIEL
Address 4105 NW 195TH STREET
City-State-Zip: MIAMI GARDENS FL 33055

Title AUTHORIZED MEMBER
Name WELLS, OLIVIA G
Address 4105 NW 195TH STREET
City-State-Zip: MIAMI GARDENS FL 33055

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 WELLS

MGRM

04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date