

**2021 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 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, NICHOLAS  
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 E WELLS

MGRM

03/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date