

**2023 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            PRESIDENT  
Name            WELLS, CALTON EDQUIRE  
Address        4105 NW 195TH STREET  
City-State-Zip: MIAMI GARDENS FL 33055

Title            AUTHORIZED MEMBER  
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            MANAGER  
Name            ALCE, JAE L NAOMI  
Address        4105 NW 195TH STREET  
City-State-Zip: MIAMI GARDENS FL 33055

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

Title            MANAGER  
Name            WELLS, NICHOLAS  
Address        3635 GAS LIGHT CURVE  
                  1B  
City-State-Zip: MONTGOMERY AL 36116

*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

**PRESIDENT**

**03/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date