

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000160192

Entity Name: WELLS BOYS & GIRLS PROPERTY MANAGEMENT, LLC

FILED
Mar 15, 2022
Secretary of State
1416212610CC

Current Principal Place of Business:

211 CAROLINE ST.
OFFICE
CAPE CANAVERAL, FL 32920

Current Mailing Address:

211 CAROLINE ST.
OFFICE
CAPE CANAVERAL, FL 32920 US

FEI Number: 46-1648474

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WELLS, JEFFERY W
211 CAROLINE STREET
OFFICE
CAPE CANAVERAL, FL 32920 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, JEFFERY W
Address 211 CAROLINE STREET, OFFICE
City-State-Zip: CAPE CANAVERAL FL 32920

Title MEMBER
Name WELLS, JACOB R
Address 211 CAROLINE ST.
City-State-Zip: CAPE CANAVERAL FL 32920

Title MEMBER
Name WELLS, THALIA S
Address 211 CAROLINE ST.
City-State-Zip: CAPE CANAVERAL FL 32920

Title MEMBER
Name WELLS, JOSHUA J
Address 211 CAROLINE ST.
City-State-Zip: CAPE CANAVERAL FL 32920

Title AMBR
Name WELLS, TEERAROSE M
Address 211 CAROLINE ST.
OFFICE
City-State-Zip: CAPE CANAVERAL FL 32920

Title AMBR
Name WELLS, JONAH M H
Address 211 CAROLINE ST.
OFFICE
City-State-Zip: CAPE CANAVERAL FL 32920

Title AMBR
Name WELLS, JACKSON J T
Address 211 CAROLINE ST.
OFFICE
City-State-Zip: CAPE CANAVERAL FL 32920

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: JEFFERY W WELLS

MANAGER

03/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date