

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000050863

Entity Name: WELLSPRINGS RESIDENCE LLC**Current Principal Place of Business:**700 E WELCH RD
APOPKA, FL 32712**Current Mailing Address:**700 E WELCH RD
APOPKA, FL 32712 US**FEI Number:** 46-2472216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KORNEGAY, REGINALD J.
700 E WELCH RD
APOPKA, FL 32712 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:** REGINALD J. KORNEGAY

08/08/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM, AUTHORIZED MEMBER,
DIRECTOR

Name BLACK RING FAMILY TRUST

Address 3895 BISCAYNE DRIVE

City-State-Zip: WINTER SPRINGS FL 32708

Title TRUSTEE, MANAGER, AUTHORIZED
REPRESENTATIVE

Name KORNEGAY, SUSAN I.

Address 700 E WELCH RD

City-State-Zip: APOPKA FL 32712

Title TRUSTEE, AUTHORIZED
REPRESENTATIVE, MANAGER

Name KORNEGAY, REGINALD J.

Address 700 E WELCH RD

City-State-Zip: APOPKA FL 32712

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: SUSAN I. KORNEGAY

AUTH. MANAGER

08/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date