


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000010122 1. Entity Name WVA, LLC	
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Principal Place of Business 3419 WESTVIEW DR. NAPLES, FL 34104	Mailing Address 3419 WESTVIEW DR. NAPLES, FL 34104
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3727165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DICK, JOHN D 3419 WESTVIEW DR NAPLES, FL 34104

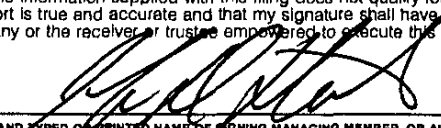
DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICK, JOHN D 8407 GLENEAGEE WAY NAPLES, FL 34120
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<p>U00000680768 03/20/07-80013-023 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.	
SIGNATURE: 	3/6/07 (239) 643-5699
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>