

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000019081**

1. Entity Name

WDVG ASSOCIATES TWO, LLC



Principal Place of Business

32 SPRING MEADOWS DRIVE  
ORMOND BEACH, FL 32174

Mailing Address

32 SPRING MEADOWS DRIVE  
ORMOND BEACH, FL 32174



01102008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2359916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURNETT, RANDOM R  
501 N. GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000833442  
02/28/08-80013-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAYNES, DAVID C
STREET ADDRESS	32 SPRING MEADOWS DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-14-08

Date

(386)527-8956

Daytime Phone #