

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90005 011 ****50.00

DOCUMENT # L04000089437

1. Entity Name

WV PROPERTIES, LLC



Principal Place of Business

422 EAST BELMAR ST.
LAKELAND FL 33803
US

Mailing Address

422 EAST BELMAR ST.
LAKELAND FL 33803
US

2. Principal Place of Business

76 TIMBER CREEK COURT

3. Mailing Address

76 TIMBER CREEK COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HEADERSVILLE, NC

City & State

HEADERSVILLE, NC

Zip

28791

Country

US

Zip

28791

Country

US

4. FEI Number

76-0774586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, MATTHEW B
422 EAST BELMAR ST.
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

GLEN R VARNADOE

Street Address (P.O. Box Number is Not Acceptable)

303 LAKE HOLLINGSWORTH DRIVE

City

Lakeland

FL

Zip Code

33803

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 \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WALKER, MATTHEW B
STREET ADDRESS 422 EAST BELMAR ST.
CITY-ST-ZIP LAKELAND FL 33803

TITLE MGR ☐ Delete
NAME VARNADOE, GLEN R
STREET ADDRESS 303 LAKE HOLLINGSWORTH DR.
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME WALKER, MATTHEW B
STREET ADDRESS 76 TIMBER CREEK COURT
CITY-ST-ZIP HEADERSVILLE, NC 28791

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

FEB 27, 2006

Date

838-891-9942

Daytime Phone #