

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90063 045 ****50.00

DOCUMENT # L01000009244

1. Entity Name
VIKING SERVICES GROUP, LLC



Principal Place of Business

4690 LIPSCOMB ST.
~~#7~~ **6F**
PALM BAY, FL 32905

Mailing Address

PO BOX 60508
PALM BAY, FL 32906

DO NOT WRITE IN THIS SPACE

04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3724164

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOREN H. SALBOL
4320 SWANNA DR.
MELBOURNE, FL 32901

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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 of applicable.

(If filer Registered Agent signature required when renovating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME SALBOL, SOREN H
STREET ADDRESS 4320 SWANNA DR.
CITY- ST- ZIP MELBOURNE, FL 32901

TITLE VP
NAME SALBOL, BENTE
STREET ADDRESS 4320 SWANNA DR.
CITY- ST- ZIP MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karen M. Faircloth* Karen Faircloth, Office Mgr 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DAY/ MONTH/