

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029409

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: VIKING CONCRETE COATINGS, L.L.C.

**Current Principal Place of Business:**

612 S.W. ST. THOMAS COVE  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

612 S.W. ST. THOMAS COVE  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 20-1006931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CANTRELL, DOROTHY  
612 S.W. ST. THOMAS COVE  
PORT ST LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CANTRELL, THOMAS  
Address: 612 S.W. ST. THOMAS COVE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGRM ( ) Delete  
Name: CANTRELL, DOROTHY  
Address: 612 S.W. ST. THOMAS COVE  
City-St-Zip: PORT ST LUCIE, FL 34986

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: DOROTHY CANTRELL

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date