

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90008 022 ****50.00

DOCUMENT # L05000050964					
1. Entity Name VIKING FARMS, LLC					
Principal Place of Business 16238 POWELL ROAD BROOKSVILLE, FL 34609			Mailing Address 16238 POWELL ROAD BROOKSVILLE, FL 34609		
2. Principal Place of Business - No P.O. Box # 16238 Powell Rd		3. Mailing Address 16238 Powell Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Brooksville FL		City & State Brooksville FL		4. FEI Number NOT APPLICABLE	
Zip 34604		Country HERNANDO		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NORDGREN, KARLENE 16238 POWELL ROAD BROOKSVILLE, FL 34609			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable) SAME		
City			FL Zip Code 34604		
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: <u>Karlene Nordgren</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7-9-07</u>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORDGREN, KARLENE 16238 POWELL ROAD BROOKSVILLE, FL 34604		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Karlene Nordgren</u>			Date: <u>7-9-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		