

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060589

Entity Name: VIKING VENTURES, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

13808 AMELIA POND DRIVE
WINDERMERE, FL 34786

New Principal Place of Business:

6225 RIVER FRUIT COURT
WINDERMERE, FL 34786

Current Mailing Address:

13808 AMELIA POND DRIVE
WINDERMERE, FL 34786

New Mailing Address:

6225 RIVER FRUIT COURT
WINDERMERE, FL 34786

FEI Number: 20-3050216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN W. WELDON, PA
5401 SOUTH KIRKMAN ROAD
310
ORLANDO, FL 32819 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/MANAGERS:

Title: MGRM () Delete
Name: WELDON, STEVEN W
Address: 13808 AMELIA POND DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM () Delete
Name: WELDON, REBECCA A
Address: 13808 AMELIA POND DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELDON, STEVEN W
Address: 6225 RIVER FRUIT COURT
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM (X) Change () Addition
Name: WELDON, REBECCA A
Address: 6225 RIVER FRUIT COURT
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEVEN WELDON

MGRM

04/29/2009

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