

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 APR 30 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number **562566632** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000112126

1. Entity Name
VIKING HOME SERVICES LLC



Principal Place of Business
2513 RUMBA LANE
TALLAHASSEE, FL 32308

Mailing Address
2513 RUMBA LANE
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #
114 Apalachee St.
Suite, Apt. #, etc.
Lanark Village Fl.
City & State

3. Mailing Address
114 Apalachee St.
Suite, Apt. #, etc.
Lanark Village Fl.
City & State

Zip **32323** Country **USA.** Zip **32323** Country **USA.**

6. Name and Address of Current Registered Agent

RICH, LINCOLN
2513 RUMBA LANE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

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Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RICH, LINCOLN 2513 RUMBA LANE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgrm Rich Lincoln 114 Apalachee St. Lanark Village Fl. 32323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600102195296 05/11/07--01007--024 **\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Oh Rh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #