

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # L06000097166

1. Entity Name
VIKING 52, LLC



Principal Place of Business
**16991 S.W. 266TH TERRACE
HOMESTEAD, FL 33031**

Mailing Address
**16991 S.W. 266TH TERRACE
HOMESTEAD, FL 33031**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
59-2095332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAMONT NEIMAN INTERIAN & BELLET, P.A.
ONE BISCAYNE TOWER, 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000781796
01/15/08-80047-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WILSON, RODGER S
STREET ADDRESS	16991 SW 266TH TERRACE
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	VP
NAME	WILSON, KATHLEEN
STREET ADDRESS	16991 SW 266TH TERRACE
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: *Kathleen Wilson* **Kathleen Wilson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/9/08 **305
248-7301**