

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000096283

FILED
Jan 27, 2009
Secretary of State

Entity Name: VIKTORIA, LLC

Current Principal Place of Business:

6221 N. DALE MABRY HWY
2006
TAMPA, FL 33614 US

New Principal Place of Business:

746 115TH AVE N
1802
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

6221 N. DALE MABRY HWY
2006
TAMPA, FL 33614 US

New Mailing Address:

746 115TH AVE N
1802
ST. PETERSBURG, FL 33716 US

FEI Number: 65-1319532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VERONYAK, VIKTORIA I
6221 N. DALE MABRY HWY
2006
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

VERONYAK, VIKTORIA I
746 115TH AVE N
1802
ST. PETERSBURG, FL 33716 US

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: VIKTORIA VERONYAK

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VERONYAK, VIKTORIA I
Address: 6221 N. DALE MABRY HWY # 2006
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VERONYAK, VIKTORIA I
Address: 746 115TH AVE N # 1802
City-St-Zip: ST. PETERSBURG, FL 33716 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: VIKTORIA VERONYAK

MGR

01/27/2009

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