

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101427

FILED
Jun 22, 2009
Secretary of State

Entity Name: VIKING FINANCIAL GROUP, LLC

Current Principal Place of Business:

EXECUTIVE TOWER
4554 WEST 12TH AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

EXECUTIVE TOWER
4554 WEST 12TH AVENUE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, LUIS A
EXECUTIVE TOWER
4554 WEST 12TH AVENUE
HIALEAH, FL 33012 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: NECUZE, GERARDO A
Address: 4554 WEST 12TH AVE., EXECUTIVE TOWER
City-St-Zip: HIALEAH, FL 33012

Title: MGR () Delete
Name: PEREZ, LUIS A
Address: 4554 WEST 12TH AVE., EXECUTIVE TOWER
City-St-Zip: HIALEAH, FL 33012

Title: MGR () Delete
Name: ENRIQUEZ, MANUEL A
Address: 4554 WEST 12TH AVE., EXECUTIVE TOWER
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUIS PEREZ

MGRM

06/22/2009

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