

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000056166

Entity Name: VALKYRIES CAPITAL, LLC

FILED  
Sep 16, 2011  
Secretary of State

**Current Principal Place of Business:**

4317 S TRASK ST.  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

4317 S TRASK ST.  
TAMPA, FL 33611

**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:**

GRONLIE, TERJE  
4317 S TRASK ST.  
TAMPA, FL 33611 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: MGR  
Name: GRONLIE, TERJE  
Address: 4317 S TRASK ST.  
City-St-Zip: TAMPA, FL 33611

Title: MGRM  
Name: GANOUDIS, GUS  
Address: 717 REGENCY RESERVE CIR #5804  
City-St-Zip: NAPLES, FL 34119

Title: MGRM  
Name: SLAWIK, MEL  
Address: 717 REGENCY RESERVE CIR. #5804  
City-St-Zip: NAPLES, FL 34119

Title: MGRM  
Name: BENZEN AS  
Address: HEGDEHAUGSVN 36  
City-St-Zip: 0352 OSLO NORWAY,

I hereby 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: TERJE GRONLIE

MGR

09/16/2011

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