

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90017 042 ****50.00

DOCUMENT # M03000003134

1. Entity Name
VIKING CULINARY ARTS CENTERS, LLC



Principal Place of Business
**SILVER SANDS FACTORY
10746 EMERALD COAST PARKWAY #165
DESTIN, FL 32550**

Mailing Address
**SILVER SANDS FACTORY
10746 EMERALD COAST PARKWAY #165
DESTIN, FL 32550**

24052159



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Viking Culinary Arts Center
1052 Highland Colony Pkwy
Ridgeland, MS #125
39157 USA

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
64-0930105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHERMAN, JOE	
STREET ADDRESS	1052 HIGHLAND COLONY PARKWAY SUITE 125	
CITY - ST - ZIP	RIDGELAND, MS 39157	
TITLE	EV	<input type="checkbox"/> Delete
NAME	PAVY, BOB	
STREET ADDRESS	1052 HIGHLAND COLONY PARKWAY SUITE 125	
CITY - ST - ZIP	RIDGELAND, MS 39157	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANTOON, TONY	
STREET ADDRESS	1052 HIGHLAND COLONY PARKWAY SUITE 125	
CITY - ST - ZIP	RIDGELAND, MS 39157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **4-21-2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #