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SECRETARY OF STATE
ASECRETARY SEE: FLORID

J. BRYAN
FEB 1 7 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vikings, LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Jeff Finke	
(Contact Person)	
Vikings, LLC	SECTIALL/
(Firm/Company)	EB .
17985 SW 64th Place	O9 FEB 16 PM 1:26 SECRETARY OF STATE ALLAHASSEE, FLORIC
(Address)	F S
Dunnellon , FL 34432	TATE ORIDA
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Jeff Finke	352 465-4000
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the lin of State is: Viking	nited liability company as it a	appears on the records	of the Florida	a Depar	tment 	ţ
	y company was organized ui	nder the laws of:	1	SECRETARY OF	09 FEB 16 PM	777
3. The Florida docum	ent/registration number of th	is limited liability con	npany is:	FLORIDA	PH 1:26	Ţ
4. I, Lynn Clark	e of Person Resigning)	, hereby resign as a	Manager (Print T	Title)		
of this limited liabil resignation in writing	ity company and affirm the lang.		·		of my	
Signature of Resign Filing Fee: Certified Copy:	ing Member, Managing Mer \$25.00 (Required) \$30.00 (Optional)	nber or Manager				