

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056459

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: PITTZ AMERICA LLC

**Current Principal Place of Business:**

908 EAST ARIZONA LLC  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

908 EAST ARIZONA AVE  
DELAND, FL 32724

**New Mailing Address:**

908 EAST ARIZONA LLC  
DELAND, FL 32724

FEI Number: 26-2759428      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:**

SIGMON, MICHAEL J  
908 EAST ARIZONA AVE  
DELAND, FL 32724      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: SIGMON, MICHAEL J  
Address: 908 EAST ARIZONA AVE  
City-St-Zip: DELAND, FL 32724

Title: MGRM      ( ) Delete  
Name: SAGEN, ERLING  
Address: SCHOUS PLASS 3D  
City-St-Zip: 0552 OSLO, NORWAY,    XX

Title: MGRM      ( ) Delete  
Name: BUER, TORE  
Address: PB 370 SENTRUM  
City-St-Zip: 0106 OSLO, NORWAY,    XX

Title: MGRM      ( ) Delete  
Name: KVAASE, ERIK GRAN  
Address: KVAASE  
City-St-Zip: 4770 HOVAQ, NORWAY,    XX

Title: MGRM      ( ) Delete  
Name: HAMMERSTROM, OLE  
Address: VOIEAASEN 21  
City-St-Zip: 4623 KRISTIANSAND, NORWAY,    XX

Title: MGRM      ( ) Delete  
Name: SIGMON, CAROLINE  
Address: 908 E ARIZONA AVE  
City-St-Zip: DELAND, FL 32724 XX

**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:

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: MICHAEL SIGMON

MGRM

06/15/2009

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