

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000085225

Entity Name: TROYAN AMERICA, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

28429 SOMBRERO DRIVE  
BONITA SPRINGS, 34135 US

## **New Principal Place of Business:**

28429 SOMBRERO DRIVE  
BONITA SPRINGS, FL 34135 US

## **Current Mailing Address:**

28429 SOMBRERO DRIVE  
BONITA SPRINGS, 34135 US

## **New Mailing Address:**

28429 SOMBRERO DRIVE  
BONITA SPRINGS, FL 34135 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

STEGLE, JOSEPH G  
28429 SOMBRERO DRIVE  
BONITA SPRINGS, FL 34135 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: STEGLE, JOSEPH G  
Address: 28429 SOMBRERO DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM  
Name: PEDERSEN, JENS BANG  
Address: 15040 STERLING OAKS DRIVE  
City-St-Zip: NAPLES, FL 34110 US

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: JOSEPH G STEGLE

MGR

04/25/2011

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