

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050054

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** SERENITY WOODS TOO,LLC

**Current Principal Place of Business:**

% STRING LLC, MANAGER  
297 KINGSBURY GRADE - STE D  
STATELINE, NV 89449

**New Principal Place of Business:**

% STRING LLC, MANAGER  
297 KINGSBURY GRADE - STE 126  
STATELINE, NV 89449

**Current Mailing Address:**

% STRING LLC, MANAGER  
P O BOX 4470  
STATELINE, NV 89449

**New Mailing Address:**

FEI Number: 26-2650060      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301 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 ( ) Delete  
Name: STRING LLC  
Address: P O BOX 4470  
City-St-Zip: STATELINE, NV 89449

**ADDITIONS/CHANGES:**

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: BY: T. WELLS, AUTHORIZED PARTY      MGR      04/07/2009

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