

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050056

Entity Name: CYCLONE, LLC

FILED
Apr 07, 2009
Secretary of State

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 100
STATELINE, NV 89449

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-2649829 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: T. WELLS, AUTHORIZED PARTY

MS.

04/07/2009

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