

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000165497

**Entity Name:** MISSION FIELD ENTERPRISES, LLC

**Current Principal Place of Business:**

5348 VEGAS DR  
LAS VEGAS, NV 89108

**Current Mailing Address:**

5348 VEGAS DR  
LAS VEGAS, NV 89108 US

**FEI Number: 81-3834284**

**Certificate of Status Desired: Yes**

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

FLOYD, PATRICIA A  
13916 BRAMBLE BUSH CT  
ORLANDO, FL 32832 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CARTER, STEVEN B  
Address        3360 GLENN MOTTIN WAY SOUTH  
City-State-Zip: JACKSONVILLE FL 32223

Title           MANAGER  
Name           CARTER, JONATHAN DAVID  
Address        567 SERENADE CIRCLE EAST  
City-State-Zip: JACKSONVILLE BEACH FL 32225

Title           MANAGER  
Name           CARTER, JAMES WILLIAM  
Address        3360 GLENN MOTTIN WAY SOUTH  
City-State-Zip: JACKSONVILLE FL 32223

Title           MANAGER  
Name           CARTER, SYBIL SANTILLAN  
Address        3360 GLENN MOTTIN WAY SOUTH  
City-State-Zip: JACKSONVILLE FL 32223

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN B. CARTER**

**MANAGER**

**01/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date