

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000154916

**Entity Name:** 6S CONSULTING LLC.

**Current Principal Place of Business:**

1690 N.E. 134TH RD  
OXFORD, FL 34484

**Current Mailing Address:**

P.O. BOX 585  
WILDWOOD, FL 34785

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SANDERS, JAMIE D  
1690 N.E. 134TH RD  
OXFORD, FL 34484 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 MGRM  
Name SANDERS, JAMIE D  
Address 1690 N.E. 134TH RD.  
City-State-Zip: OXFORD FL 34484

Title MGRM  
Name SANDERS, TORI L  
Address 1690 N. E. 134TH RD.  
City-State-Zip: OXFORD FL 34484

*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:** JAMIE SANDERS

MGRM

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date