

Aug 29 08 04:02p

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90045 003 ***138.75

DOCUMENT # L04000048447

1. Entity Name
MISSION, LLC



Principal Place of Business

**1585 PINE RIDGE ROAD #3
NAPLES, FL 34109**

Mailing Address

**1585 PINE RIDGE ROAD #3
NAPLES, FL 34109**

50009987



08292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1290106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, ANNE MARIE
1585 PINE RIDGE ROAD #3
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and except the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JACKSON, ANNE MARIE
1585 PINE RIDGE ROAD #3
NAPLES, FL 34109**

*NOT A member
or manager anymore.*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WUSCHKE, JAMES
1585 PINE RIDGE ROAD #3
NAPLES, FL 34109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/29/08

Date

Daytime Phone #