2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L08000109494

FILED
10 MAY -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Mission 6 Education Consulting, LLC

Principal Place of Business
208 W. Folsom St.
Perry, FL 32347

Mailing Address

700180073187
05/03/10--01038--005 **143.75

2. Principal Place of Business - No P.O. Box #
208 W. Folsom St.
Suite, Apt. #, etc.

3. Mailing Address
11651 Norbourne Dr.
Suite, Apt. #, etc.
#304

City & State: Perry, FL
Zip: 32347 Country: USA

City & State: Cincinnati OH
Zip: 45240 Country: ~~Hamilton~~ U.S.A emh

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Cianna C. Reaves

Street Address (P.O. Box Number is Not Acceptable)
1446 Perry Street

City: Tallahassee FL Zip Code: 32310

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 accept the obligations of registered agent.

SIGNATURE: Cianna Reaves 4/30/2010
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
After May 1, 2010 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE Mgr. NAME Chiquita M. Hughes STREET ADDRESS 11651 Norbourne Dr. Apt 304 CITY-ST-ZIP Cincinnati, OH 45240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HAWKES MAY 07 2010 EXAMINER ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: Chiquita M. Hughes 4/30/10 850-672-9173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #