

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000271090

**Entity Name:** MASSION MEDIATION LLC

**Current Principal Place of Business:**

5750 QUAIL VALLEY ROAD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

5750 QUAIL VALLEY ROAD  
TALLAHASSEE, FL 32309 UN

**FEI Number:** 93-1761211

**Certificate of Status Desired:** No

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

MASSION, CINDY  
5750 QUAIL VALLEY ROAD  
TALLAHASSEE, FL 32309 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            PRES  
Name            MASSION, CINDY  
Address        5750 QUAIL VALLEY ROAD  
City-State-Zip: TALLAHASSEE FL 32309

*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:** CINDY POST MASSION

**PRESIDENT**

**03/04/2024**

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

\_\_\_\_\_  
Date