

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000160614

**Entity Name:** LATITUDE OASIS, LLC

**Current Principal Place of Business:**

199 MAIN STREET  
SUITE 708  
WHITEPLAINS, NY 10601

**Current Mailing Address:**

199 MAIN STREET  
SUITE 708  
WHITEPLAINS, NY 10601 US

**FEI Number:** 37-1744588

**Certificate of Status Desired:** No

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

BENNARDO, CRISTOFER A  
1860 NW BOCA RATON BLVD  
BOCA RATON, FL 33432 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 MGR  
Name LUCHETTE, ALAN  
Address 199 MAIN STREET, SUITE 708  
City-State-Zip: WHITEPLAINS NY 10601

Title MGR  
Name SPEAR, JEFFREY  
Address 3921 SW 47TH AVENUE, SUITE 1013  
City-State-Zip: FT. LAUDERDALE FL 33314

Title MGR  
Name SPEAR, DAVID  
Address 3921 SW 47TH AVENUE, SUITE 1013  
City-State-Zip: FT. LAUDERDALE FL 33314

*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:** DAVID SPEAR

**MEMBER**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date