

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000153197

**Entity Name:** WEEKEND OASIS L.L.C.

**Current Principal Place of Business:**

3945 48TH AVENUE S  
ST PETERSBURG, FL 33711

**Current Mailing Address:**

3945 48TH AVENUE S  
ST PETERSBURG, FL 33711 US

**FEI Number:** 47-1976486

**Certificate of Status Desired:** No

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

BURTON, THOMAS  
3945 48TH AVENUE S  
ST PETERSBURG, FL 33711 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 AMBR  
Name THE THOMAS JOHN BURTON  
REVOCABLE TRUST  
Address 3945 48TH AVENUE S  
City-State-Zip: ST PETERSBURG FL 33711

Title AMBR  
Name THE REBECCA NAHAT REVOCABLE  
TRUST  
Address 3945 48TH AVENUE S  
City-State-Zip: ST PETERSBURG FL 33711

*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:** THOMAS BURTON

AMBR

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date