

2015 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

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

MBR

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date