**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 12, 2018**
**Secretary of State**
**CC0541751620**

DOCUMENT# L16000106478

**Entity Name:** OASIS RECOVERY & WELLNESS LLC

**Current Principal Place of Business:**

7350 LAKE WORTH RD
LAKE WORTH, FL 33467

**Current Mailing Address:**

1260 SW 8TH AVE
DEERFIELD BEACH, FL 33441 US

**FEI Number: 81-2846520**

**Certificate of Status Desired:** Yes

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

CELIAN, WADLEY
1260 SW 8TH AVE
DEERFIELD BEACH, FL 33441 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 | AUTHORIZED MEMBER |
| Name | CELIAN, WADLEY |
| Address | 1260 SW 8TH AVE |
| City-State-Zip: | DEERFIELD BEACH FL 33441 |

*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: WADLEY CELIAN MGR 04/12/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date