

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000114737

**Entity Name:** THE OASIS AT HIGHWOODS PRESERVE, LLC

**Current Principal Place of Business:**

247 N. WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

247 N. WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 35-2572024**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           DRPRMP MANAGER, LLC  
Address        247 N. WESTMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           VP  
Name           HALEY, RICHARD  
Address        247 N. WESTMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           VP  
Name           WERNECKE, EDWARD  
Address        247 N. WESTMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           PRESIDENT  
Name           PICERNE, DAVID  
Address        247 N. WESTMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           VP  
Name           CUMMINGS, JEFF  
Address        247 N. WESTMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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: DRPRMP MANAGER, LLC**

**MANAGER**

**01/11/2024**

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

\_\_\_\_\_  
Date