

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000153988

Entity Name: OASIS COUNSELING & WELLNESS LLC

Current Principal Place of Business:

20900 NE 30TH AVE
SUITE 200
AVENTURA, FL 33180

Current Mailing Address:

20900 NE 30TH AVE
SUITE 200
AVENTURA, FL 33180 US

FEI Number: 81-3892517

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FILGUEIRAS, TAMARA
20900 NE 30TH AVE
SUITE 200
AVENTURA, FL 33180 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 OWNER
Name FILGUEIRAS, TAMARA
Address 20900 NE 30TH AVE
 SUITE 200
City-State-Zip: AVENTURA FL 33180

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: TAMARA FILGUEIRAS

OWNER

04/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date