## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000189251

Entity Name: THE OASIS AT BRANDON II GP, 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: 81-4623643

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD. PLANTATION, FL 33324 US

Date

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

	Title	MANAGER	Title	VP
	Name	DRPRMP MANAGER, LLC	Name	HALEY, RICHARD
	Address	247 N. WESTMONTE DR	Address	247 N. WESTMONTE DR
	City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
	Title	PRESIDENT	Title	VP
	THE	INEGIDENT	i luo	
	Name	PICERNE, DAVID	Name	WERNECKE, EDWARD
	Address	247 N. WESTMONTE DR	Address	247 N. WESTMONTE DR
	City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
	Title	VP		
	Name	HADLEY, ROBERT		
	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

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date