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2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: THE OASIS AT BRANDON II, 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: 81-4627081

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

Electronic Olympications of Devictore d Ameri

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:

Name

Address

|                               | 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                         |  |
| 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 |  |
|                               |  |                 |                            |  |
|                               |  |                 |                            |  |

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

CUMMINGS. JEFF

City-State-Zip: ALTAMONTE SPRINGS FL 32714

247 N. WESTMONTE DR

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date