

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000189378

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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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	PRESIDENT
Name	PICERNE, ROBERT M.
Address	247 N. WESTMONTE DR
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

Title	EXECUTIVE VICE PRESIDENT
Name	WERNECKE, EDWARD
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: ROBERT M. PICERNE**PRESIDENT****04/10/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date