

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 30, 2018
Secretary of State
CC2817699815

Entity Name: THE OASIS AT CROSSTOWN 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

FEI Number: 82-3161833

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 P
Name PICERNE, ROBERT M
Address 247 N. WESTMONTE DR.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title EVP
Name WERNECKE, EDWARD L
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

01/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date