

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000157314

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 US

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

Title PRESIDENT
Name PICERNE, DAVID
Address 247 N. WESTMONTE DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name WERNECKE, EDWARD
Address 247 N. WESTMONTE DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name HADLEY, ROBERT
Address 247 N. WESTMONTE DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MANAGER
Name DRPRMP MANAGER, LLC
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

04/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date