

**2021 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

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**0353831613CC**

*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**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date