

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000212130

Entity Name: THE OASIS AT WEST MELBOURNE 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: 83-1435134****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 MANAGER
Name DRPRMP MANAGER, LLC
Address 247 N. WESTMONTE DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

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