

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000390209

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**722859223CC**

**Entity Name:** OASIS OUTSOURCING CONTRACT IV, LLC

**Current Principal Place of Business:**

2054 VISTA PARKWAY  
SUITE 300  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2054 VISTA PARKWAY  
SUITE 300  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 20-4277364

**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           DIRECTOR, PRESIDENT  
Name           SUKALSKI, TERRENCE  
Address        2054 VISTA PARKWAY,  
                  SUITE 300  
City-State-Zip: WEST PALM BEACH, FL 33411

Title           AUTHORIZED MEMBER  
Name           OUTSOURCING, LLC, OASIS  
Address        2054 VISTA PARKWAY,  
                  SUITE 300  
City-State-Zip: WEST PALM BEACH, FL 33411

*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:** SUKALSKI, TERRENCE

**PRESIDENT**

**02/27/2023**

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

\_\_\_\_\_  
Date