

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000269253

**Entity Name:** OCEANFRONT OASIS II, LLC

**Current Principal Place of Business:**

18970 CROOKED LANE  
LUTZ, FL 33603

**Current Mailing Address:**

18970 CROOKED LANE  
LUTZ, FL 33603 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DLF REGISTERED AGENT SERVICE, LLC  
10181 SIX MILE CYPRESS PKWY, SUITE C  
FORT MYERS, FL 33966 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           | MGR                | Title           | MGR                |
| Name            | CALHOUN, LARRY J   | Name            | CALHOUN, BETH M    |
| Address         | 18970 CROOKED LANE | Address         | 18970 CROOKED LANE |
| City-State-Zip: | LUTZ FL 33603      | City-State-Zip: | LUTZ FL 33603      |

*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:** LARRY CALHOUN

MGR

06/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date