

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000187633

Entity Name: APALACHICOLA OASIS LLC

Current Principal Place of Business:

134 13TH STREET
APALACHICOLA, FL 32320

Current Mailing Address:

134 13TH STREET
APALACHICOLA, FL 32320

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEPARD, CAREY M
134 13TH STREET
APALACHICOLA, FL 32320 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
Name SHEPARD, CAREY M
Address 134 13TH STREET
City-State-Zip: APALACHICOLA FL 32320

Title MGR
Name HUMPHRIES, REX M
Address 134 13TH STREET
City-State-Zip: APALACHICOLA FL 32320

Title MGR
Name GARY, JESSICA
Address 1049 EAST PINE AVE
City-State-Zip: ST. GEORGE ISLAND FL 32328

Title MGR
Name GARY, SUSAN
Address 205 AVENUE F
City-State-Zip: APALACHICOLA FL 32320

Title AUTHORIZED MEMBER
Name MATHIS, CLAYTON
Address 321 JAMES CLAY
City-State-Zip: APALACHICOLA FL 32320

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: CAREY M SHEPARD

MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date