

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000036986

Entity Name: OA 30-A MOB, LLC**Current Principal Place of Business:**1034 MAR WALT DRIVE, SUITE 100
FORT WALTON BEACH, FL 32547**Current Mailing Address:**1034 MAR WALT DRIVE, SUITE 100
FORT WALTON BEACH, FL 32547**FEI Number:** 92-2098133**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LANDRY, DALE T JR MD
1034 MAR WALT DRIVE, SUITE 100
FORT WALTON BEACH, FL 32547 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 AR
Name DALE T. LANDRY, JR.
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

Title AUTHORIZED MEMBER
Name WATT, JAMES F
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

Title AUTHORIZED MEMBER
Name COOK, BRANDON W
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

Title AUTHORIZED MEMBER
Name COTTON, RYAN
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

Title AUTHORIZED MEMBER
Name PHANTOM 300, LLC
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

Title AUTHORIZED MEMBER
Name SEALES, THOMAS JACOB
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

Title AUTHORIZED MEMBER
Name DEAN, DAVID J
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

Title AUTHORIZED MEMBER
Name MITCHELL, CHAD
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

Continues on page 2

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: SHELLY SAUNDERS

FINANCE DIRECTOR

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name CROSSMAN, NICK
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547

Title AUTHORIZED MEMBER
Name NOBLE, MICHAEL
Address 1034 MAR WALT DRIVE, SUITE 100
City-State-Zip: FORT WALTON BEACH FL 32547