

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000346168

Entity Name: SOLACE CARE OASIS, LLC

Current Principal Place of Business:

4920 W CYPRESS ST
STE 104 #5131
TAMPA, FL 33607

Current Mailing Address:

4920 W CYPRESS ST
STE 104 #5131
TAMPA, FL 33607 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CADET, SHAYNA
4920 W CYPRESS ST
STE 104 #5131
TAMPA, FL 33607 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 CADET, SHAYNA
Address 4920 W CYPRESS ST STE 104 #5131
City-State-Zip: TAMPA FL 33607

Title MGR
Name CADET, GENS
Address 4920 W CYPRESS ST STE 104 #5131
City-State-Zip: TAMPA FL 33607

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: SHAYNA CADET

MGR

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date