


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90193 034 ****55.00

DOCUMENT # L04000014119 1. Entity Name OASIS CUSTOM FRAMING, LLC					
Principal Place of Business 2410 COPPERHILL LOOP OCOEE FL 34761 US			Mailing Address 2410 COPPERHILL LOOP OCOEE FL 34761 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORGANS, ANTHONY J 2410 COPPERHILL LOOP OCOEE FL 34761				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE	MGRM		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGANS, ANTHONY J		NAME		
STREET ADDRESS	2410 COPPERHILL LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL 34761		CITY-ST-ZIP		
TITLE	MGRM		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGANS, WILLIAM J		NAME		
STREET ADDRESS	2410 COPPERHILL LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL 34761		CITY-ST-ZIP		
TITLE	MGRM		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGANS, CHRIS J		NAME		
STREET ADDRESS	2410 COPPERHILL LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL 34761		CITY-ST-ZIP		
TITLE			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: T. Morgans 1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #