

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000003463

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** OASIS CENTER FOR WELLNESS AND BEAUTY LLC

**Current Principal Place of Business:**

204 OAKFIELD DR.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

4178 N. ARMENIA AVE.  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 13-4353367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUNCO, MANUEL  
1211 N WESTSHORE BLVD  
SUITE 511  
TAMPA, FL 33607 US

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

BROMM, JOSEPH EA  
1411 N WESTSHORE BLVD  
SUITE 203  
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: JOSEPH BROMM, EA

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARSA, CINDY D  
Address: 4178 N ARMENIA AVE  
City-St-Zip: TAMPA, FL 33607 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CINDY D BARSA

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date