

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000049294

Entity Name: OASIS 704, LLC

FILED
Jun 03, 2009
Secretary of State

Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD STE 207
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1820 NORTH CORPORATE LAKES BLVD STE 207
WESTON, FL 33326

New Mailing Address:

FEI Number: 27-0291586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTINEZ, ISABEL
1820 NORTH CORPORATE LAKES BLVD STE 207
WESTON, FL 33326 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: ISABEL MARTINEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEON, YVELLIZETH
Address: 1820 NORTH CORPORATE LAKES BLVD STE 207
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: DE LEON, ANTONIA F
Address: 1820 NORTH CORPORATE LAKES BLVD STE 207
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

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

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: YVELLIZETH LEON

MGR

06/03/2009

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