

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117665

**Entity Name:** OASIS CONSULTING, LLC

**FILED**  
**Aug 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

20064 GULF BLVD.  
2  
INDAN SHORES, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

20064 GULF BLVD.  
2  
INDAN SHORES, FL 33785 US

**New Mailing Address:**

**FEI Number:** 45-3616134      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BUCHMAN, ELLIOTT  
20064 GULF BLVD.  
2  
INDIAN SHORES, FL 33785 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BUCHMAN, ELLIOTT  
**Address:** 20064 GULF BLVD. #2  
**City-St-Zip:** INDAN SHORES, FL 33785 US

**Title:** MGRM  
**Name:** BUCHMAN, BELINDA  
**Address:** 20064 GULF BLVD. #2  
**City-St-Zip:** INDAN SHORES, FL 33785 US

I hereby 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: ELLIOTT BUCHMAN

MGRM

08/16/2012

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