

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000170210

Entity Name: OASIS WELLNESS CENTER OF MENTAL HEALTH, LLC

Current Principal Place of Business:

4410 W. 16TH AVENUE
SUITE 59
HIALEAH, FL 33012

Current Mailing Address:

4410 W. 16TH AVENUE
SUITE 59
HIALEAH, FL 33012 US

FEI Number: 84-2397714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREGONZA THE ATTORNEYS, PLLC
1414 NW 107TH AVENUE
SUITE 302
DORAL, FL 33172 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: JUAN PEREZ

04/03/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name INGUANZO, YELENA
Address 4410 W. 16TH AVENUE, SUITE 59
City-State-Zip: HIALEAH FL 33012

Title MGR
Name SOLER, FRANCISCO
Address 4410 W. 16TH AVENUE, SUITE 59
City-State-Zip: HIALEAH FL 33012

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: YELENA INGUANZO

MGR

04/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date