

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000344881

**Entity Name:** THE OASIS AT MANATEE RIVER, LLC**Current Principal Place of Business:**247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	P
Name	PICERNE, DAVID
Address	247 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	HALEY, RICHARD R
Address	247 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	WERNECKE, EDWARD L
Address	247 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	CUMMINGS, JEFF
Address	247 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MANAGER
Name	DRPRMP MANAGER, LLC
Address	247 NORTH WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

*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:** DRPRMP MANAGER, LLC**MANAGER****01/19/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date