

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000385788

**Entity Name:** MY OASIS, LLC

**Current Principal Place of Business:**

1012 SW 11TH STREET  
UNIT 17N  
HALLANDALE, FL 33009

**Current Mailing Address:**

770 ROCKWELL LN  
DES PLAINES, IL 60016 US

**FEI Number:** 87-2410982

**Certificate of Status Desired:** No

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

WILSON, ANGELA  
1012 SW 11TH STREET  
17N  
HALLANDALE, FL 33009 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 AMBR  
Name WILSON, ANGELA  
Address 1012 SW 11TH STREET UNIT 17N  
City-State-Zip: HALLANDALE FL 33009

Title CFO  
Name WILSON, VLAD  
Address 317 S ELM ST  
City-State-Zip: MOUNT PROSPECT IL 60056

Title CIO  
Name WILSON, ALLEN  
Address 105 HIGH RIDGE RD  
City-State-Zip: DINGMANS FERRY PA 18328

Title COO  
Name WILSON, EMILY  
Address 770 ROCKWELL LN  
City-State-Zip: DES PLAINES IL 60016

*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:** ANGELA WILSON

AMBR

01/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date