

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000005056

**Entity Name:** OASIS IV THERAPY LLC

**Current Principal Place of Business:**

6207 S. WESTSHORE BLVD  
APT. 6053  
TAMPA, FL 33616

**Current Mailing Address:**

6207 S. WESTSHORE BLVD  
APT. 6053  
TAMPA, FL 33616 US

**FEI Number:** 92-1687836

**Certificate of Status Desired:** No

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

PRCHLIK, ANGELA MARIE  
6207 S. WESTSHORE BLVD  
APT. 6053  
TAMPA, FL 33616 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:** ANGELA PRCHLIK

03/17/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PRCHLIK, ANGELA M  
Address 6207 S. WESTSHORE BLVD, APT.  
6053,  
City-State-Zip: TAMPA FL 33616

*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 PRCHLIK

OWNER

03/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date