

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000016740

**Entity Name:** VILLA OASIS MARINA LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1802 SW 21ST STREET  
CAPE CORAL, FL 33991

**Current Mailing Address:**

301 CINNABAR WAY  
HERCULES, CA 94547 US

**FEI Number: 87-4454454**

**Certificate of Status Desired: Yes**

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

PIVA, GARY JOSEPH  
1802 SW 21ST ST  
CAPE CORAL, FL 33991 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              | Title           | AMBR              |
| Name            | PIVA, GARY JOSEPH | Name            | PIVA, LUZ MARINA  |
| Address         | 301 CINNABAR WAY  | Address         | 301 CINNABAR WAY  |
| City-State-Zip: | HERCULES CA 94547 | City-State-Zip: | HERCULES CA 94547 |

*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: GARY JOSEPH PIVA**

**REGISTERED AGENT**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date