

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000007304

Entity Name: OAKPOINT SOLUTIONS, LLC**Current Principal Place of Business:**100 S. ASHLEY DR.
SUITE 1130
TAMPA, FL 33602**Current Mailing Address:**100 S. ASHLEY DR.
SUITE 1130
TAMPA, FL 33602 US**FEI Number:** 32-0433801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MEMBER
Name	CAPOZZALO, CHRIS
Address	100 S. ASHLEY DR. SUITE 1130
City-State-Zip:	TAMPA FL 33602

Title	MEMBER
Name	COUGHLIN, GERRY
Address	100 S. ASHLEY DR. SUITE 1130
City-State-Zip:	TAMPA FL 33602

Title	MEMBER
Name	SPADE, SHEA
Address	100 S. ASHLEY DR. SUITE 1130
City-State-Zip:	TAMPA FL 33602

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: SHEA SPADE

MEMBER

04/10/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date