

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008872

**Entity Name:** OAK POINTE CAMPUS LLC

**Current Principal Place of Business:**

380 UNION ST SUITE 300  
WEST SPRINGFIELD, MA 01089

**Current Mailing Address:**

380 UNION ST SUITE 300  
WEST SPRINGFIELD, MA 01089 US

**FEI Number:** 47-2462690

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 MGR  
Name NEPSA MANAGER LLC  
Address 3800 UNION STREET STE 300  
City-State-Zip: WEST SPRINGFIELD MA 01089

*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:** JOHN HARRELSON

**CONTROLLER**

**04/04/2019**

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

\_\_\_\_\_ Date