

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002417

**Entity Name:** MADISON FINANCIAL ADVISORS, LTD., LLC

**Current Principal Place of Business:**

7755 MONTGOMERY ROAD, SUITE 350  
CINCINNATI, OH 45236

**Current Mailing Address:**

7755 MONTGOMERY ROAD, SUITE 350  
CINCINNATI, OH 45236

**FEI Number:** 31-1725548

**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 MCDERMOTT, JAMES R  
Address 106 HARRISON STREET, SE  
SUITE 300  
City-State-Zip: LEESBURG VA 20175

Title MGR  
Name KURESMAN, EDWARD R  
Address 7755 MONTGOMERY ROAD, SUITE  
350  
City-State-Zip: CINCINNATI OH 45236

Title MGR  
Name HENNING, ALAN  
Address 7755 MONTGOMERY ROAD, SUITE  
350  
City-State-Zip: CINCINNATI OH 45236

*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:** JAMES R. MCDERMOTT

**PRESIDENT**

**03/06/2023**

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

\_\_\_\_\_  
Date