

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400004331

Entity Name: CROSS POINTE INSURANCE ADVISORS, LLC

Current Principal Place of Business:

1120 GARRISON AVE
FORT SMITH, AR 72901

Current Mailing Address:

P.O. BOX 1747
FORT SMITH, AR 72902 US

FEI Number: 27-2894934

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 MANAGER
Name WEST, ERIN E
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title INCORPORATOR/ORGANIZER
Name STYLES, JOEL
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title MANAGER
Name MORRIS, DONALD
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title PARTNER
Name BROADSTREET PARTNERS
Address 580 NORTH 4TH ST SUITE 450
City-State-Zip: COLUMBUS OH 43215

Title PARTNER
Name TRINITY INSURANCE GROUP
Address P O BOX 11655
City-State-Zip: FORT SMITH AR 72917

Title MANAGER
Name MILEY, RICHARD
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title MANAGER
Name PARKER, JAMES
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title MANAGER
Name RICE, NICHOLAS
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Continues on page 2

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: STYLES , JOEL

INCORPORATOR/ORGANIZER 04/05/2022
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Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name HENDERSON, MARY KATHERINE
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title MANAGER
Name COOPER, DARIN
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title MANAGER
Name STYLES, NOAH
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901