

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400004331

FILED
Feb 24, 2016
Secretary of State
CC1006124428

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	P	Title	COO
Name	BAXTER, JOHN E	Name	MAUCH, JULIE M
Address	1120 GARRISON AVE	Address	1120 GARRISON AVE
City-State-Zip:	FORT SMITH AR 72901	City-State-Zip:	FORT SMITH AR 72901
Title	VP	Title	CFO
Name	NORTHRUP, JOHN E	Name	ROBERTS, JEFF
Address	1120 GARRISON AVE	Address	1120 GARRISON AVE
City-State-Zip:	FORT SMITH AR 72901	City-State-Zip:	FORT SMITH AR 72901
Title	S	Title	TREASURER
Name	WEST, ERIN E	Name	LOWTHER, JOHN R
Address	1120 GARRISON AVE	Address	1120 GARRISON AVE
City-State-Zip:	FORT SMITH AR 72901	City-State-Zip:	FORT SMITH AR 72901

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 BAXTER

PRESIDENT

02/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date