

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400004331

FILED
Feb 23, 2015
Secretary of State
CC2523755320

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
Name BAXTER, JOHN E
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title COO
Name MAUCH, JULIE M
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title VP
Name NORTHRUP, JOHN E
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title CFO
Name ROBERTS, JEFF
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

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

Title T
Name LOWTHER, JOHN R
Address 1120 GARRISON AVE
City-State-Zip: FORT SMITH AR 72901

Title TREASURER
Name LOWTHER, JOHN R
Address 1120 GARRISON AVE
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: BAXTER , JOHN E

PRESIDENT

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date