

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000004331

**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	CFO	Title	S
Name	ROBERTS, JEFF	Name	WEST, ERIN E
Address	1120 GARRISON AVE	Address	1120 GARRISON AVE
City-State-Zip:	FORT SMITH AR 72901	City-State-Zip:	FORT SMITH AR 72901
Title	TREASURER	Title	VP
Name	LOWTHER, JOHN R	Name	ROBERT JR, BRAMLETT M
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****03/03/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date