

**2023 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

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*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:** WEST , ERIN E

**MANAGER**

**04/10/2023**

\_\_\_\_\_  
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