

**2021 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	CFO	Title	TREASURER
Name	MOUNT, VIVIAN	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	VP	Title	SECRETARY
Name	MOSS, MICHAEL E.	Name	STANLEY, CHRIS
Address	1120 GARRISON AVE	Address	1120 GARRISON AVE
City-State-Zip:	FORT SMITH AR 72901	City-State-Zip:	FORT SMITH AR 72901

Title	CEO, PRESIDENT	Title	VP
Name	STYLES, JOEL	Name	RAMSEY, WAYLA
Address	1120 GARRISON AVE	Address	1120 GARRISON AVE
City-State-Zip:	FORT SMITH AR 72901	City-State-Zip:	FORT SMITH AR 72901

Title	EXECUTIVE VICE PRESIDENT
Name	MORRIS, DONALD
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: JOEL STYLES**

**PRESIDENT**

**04/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date