

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000002892

**Entity Name:** PRIME CAPITAL INVESTMENT ADVISORS, LLC**Current Principal Place of Business:**6201 COLLEGE BLVD  
SUITE 150  
OVERLAND PARK, KS 66211**Current Mailing Address:**6201 COLLEGE BLVD  
SUITE 150  
OVERLAND PARK, KS 66211 US**FEI Number:** 82-1364595**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLSON, TYLER  
4300 W. CYPRESS STREET, SUITE 980  
TAMPA, FL 33607 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	C	Title	P
Name	COLANGLEO, SCOTT	Name	HAKES, TIM
Address	5019 W 147TH STREET	Address	3904 SHAWNEE MISSION PKWY
City-State-Zip:	LEAWOOD KS 66224	City-State-Zip:	FAIRWAY KS 66205
Title	CEO	Title	DIRECTOR OF FINANCE
Name	SPENCER, GLENN	Name	ROGERS, STEPHANIE
Address	5524 GOLDEN BEAR DR	Address	6201 COLLEGE BLVD SUITE 150
City-State-Zip:	OVERLAND PARK KS 66223	City-State-Zip:	OVERLAND PARK KS 66211
Title	CFO	Title	SENIOR ACCOUNTANT
Name	DILLBECK, BRIAN	Name	CROOKER, CONNER
Address	6201 COLLEGE BLVD SUITE 150	Address	6201 COLLEGE BOULEVARD SUITE # 150
City-State-Zip:	OVERLAND PARK KS 66211	City-State-Zip:	OVERLAND PARK KS 66211

*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:** CONNER CROOKER

SR. ACCOUNTANT

01/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date