

**2026 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000009649

**Entity Name:** BEACON POINTE ADVISORS, LLC

**Current Principal Place of Business:**

24 CORPORATE PLAZA DR STE 150  
NEWPORT BEACH, CA 92660

**Current Mailing Address:**

24 CORPORATE PLAZA DR STE 150  
NEWPORT BEACH, CA 92660 US

**FEI Number:** 27-0636826

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
TALLAHASSEE, FL 32301 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 MGRM  
Name EUSEY, SHANNON  
Address 24 CORPORATE PLAZA DR STE 150  
City-State-Zip: NEWPORT BEACH CA 92660

Title MGRM  
Name COOPER, MATTHEW  
Address 24 CORPORATE PLAZA DR STE 150  
City-State-Zip: NEWPORT BEACH CA 92660

Title MGRM  
Name STEVENS, COMMIE  
Address 24 CORPORATE PLAZA DR STE 150  
City-State-Zip: NEWPORT BEACH CA 92660

Title MANAGING DIRECTOR  
Name PIERCE, GRAHAM  
Address 24 CORPORATE PLAZA DR STE 150  
City-State-Zip: NEWPORT BEACH CA 92660

*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:** EUSEY, SHANNON

**CHIEF OPERATING  
OFFICER**

**02/09/2026**

Electronic Signature of Signing Authorized Person(s) Detail

Date