

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084921

**Entity Name:** RAYMOND JAMES RESEARCH SERVICES, L.L.C.

**Current Principal Place of Business:**

880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716 US

**FEI Number: NOT APPLICABLE**

**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           MILLER, ROBERT A.  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title           SECRETARY  
Name           MILLER, ROBERT A.  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title           MANAGER  
Name           DE LUCA, DAVID L.  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title           MANAGER  
Name           BUNN, JAMES E.  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title           MANAGER  
Name           ALEXANDER, BRIAN  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

*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: ROBERT A. MILLER**

**SECRETARY**

**03/31/2022**

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

\_\_\_\_\_  
Date