

2021 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 TREASURER
Name GUY, RUPERT S.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT
Name BUNN, JAMES E.
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

Title ENTITY MANAGER
Name DONEGAN, THOMAS M. JR.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

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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: ROBERT A. MILLER

SECRETARY

04/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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