

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034644

**Entity Name:** RAYMOND JAMES CANADA, LLC

**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:** 27-2232667

**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 AUTHORIZED ASSOCIATE  
Name SHOUKRY, PAUL M.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title ENTITY MANAGER  
Name DOYLE, JONATHAN J.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title MEMBER  
Name RAYMOND JAMES FINANCIAL, INC.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title AUTHORIZE SIGNOR  
Name MAZIAD, ELIZABETH J.  
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:** ELIZABETH J. MAZIAD

**AUTHORIZE SIGNOR**

**04/17/2021**

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

\_\_\_\_\_  
Date