

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000000445

**Entity Name:** BRIGHHOUSE SECURITIES, LLC

**Current Principal Place of Business:**

11225 N COMMUNITY HOUSE ROAD  
CHARLOTTE, NC 28277

**Current Mailing Address:**

11225 N COMMUNITY HOUSE ROAD  
CHARLOTTE, NC 28277 US

**FEI Number:** 13-2862391

**Certificate of Status Desired:** No

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

CT 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:** LESLIE MARTIN

05/11/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name LAMBERT, MYLES  
Address 11225 N COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title MANAGER  
Name BEAULIEU, PHILLIP  
Address 11225 N COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title MANAGER  
Name NIGRO, GERARD  
Address 11225 N COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title ASST. SECRETARY  
Name FORREST, ANNA-MARIE  
Address 11225 N COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title MANAGER  
Name COX, MELISSA  
Address 11225 N COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title MANAGER  
Name DAVIS, MICHAEL  
Address 11225 N COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title SECRETARY, VP  
Name ARRINGTON, D. BURT  
Address 11225 N COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

*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:** ARRINGTON , D. BURT

SECRETARY, VP

05/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date