

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000000445

**Entity Name:** BRIGHHOUSE SECURITIES, LLC

**Current Principal Place of Business:**

11225 N COMMUNITY HOUSE RD  
CHARLOTTE, NC 28277

**Current Mailing Address:**

11225 N COMMUNITY HOUSE RD  
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

02/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title SECRETARY  
Name JENKELOWITZ, JACOB MOISHE  
Address 11225 N COMMUNITY HOUSE RD  
City-State-Zip: CHARLOTTE NC 28277

Title MANAGER  
Name DOSCHER, MEGHAN SMITH  
Address 11225 N COMMUNITY HOUSE RD  
City-State-Zip: CHARLOTTE NC 28277

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

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

Title MANAGER  
Name BEAULIEU, PHILIP JOHNATHON  
Address 11225 N COMMUNITY HOUSE RD  
City-State-Zip: CHARLOTTE NC 28277

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

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

Title SOLE MEMBER  
Name BRIGHHOUSE HOLDINGS, LLC  
Address 11225 N COMMUNITY HOUSE RD  
City-State-Zip: CHARLOTTE NC 28277

**Continues on page 2**

*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:** JACOB MOISHE JENKELOWITZ

SECRETARY

02/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           CUSSON, AMY ELIZABETH  
Address        11225 N COMMUNITY HOUSE RD  
City-State-Zip: CHARLOTTE NC 28277