

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0100000694

Entity Name: VOYA RETIREMENT ADVISORS, LLC

Current Principal Place of Business:

ONE ORANGE WAY
WINDSOR, CT 06095

Current Mailing Address:

ONE ORANGE WAY
WINDSOR, CT 06095 US

FEI Number: 22-1862786

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 MGR
Name DOTO, MICHAEL
Address 30 BRAINTREE HILL OFFICE PARK
City-State-Zip: BRAINTREE MA 02184

Title MANAGER
Name NICHOLS, JAMES L. IV
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title AUTHORIZED MEMBER
Name VOYA INSTITUTIONAL PLAN SERVICES, LLC
Address ONE ORANGE WAY
City-State-Zip: WINDSOR CT 06095

Title MANAGER
Name TOPE, CHAD J.
Address 909 LOCUST STREET
City-State-Zip: DES MOINES IA 50309

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: TINA NELSON

**ASSISTANT SECRETARY 04/27/2015
OF AUTHORIZED
MEMBER**

Electronic Signature of Signing Authorized Person(s) Detail

Date