

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001012

**Entity Name:** WELLS FARGO ADVISORS FINANCIAL NETWORK, LLC

**Current Principal Place of Business:**

1 NORTH JEFFERSON AVENUE  
ST. LOUIS, MO 63103

**Current Mailing Address:**

1 NORTH JEFFERSON AVENUE  
ST. LOUIS, MO 63103 US

**FEI Number: 48-1305000**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           GINDI, SOL  
Address        1 NORTH JEFFERSON AVENUE  
City-State-Zip: ST. LOUIS MO 63103

Title           MANAGER  
Name           HUNT-RUDDY, HEATHER  
Address        1 NORTH JEFFERSON AVENUE  
City-State-Zip: ST. LOUIS MO 63103

Title           AUTHORIZED PERSON  
Name           BARROSO, VICTORIA  
Address        150 EAST 42ND STREET  
                  24TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title           MANAGER  
Name           TERRY, WARREN  
Address        1 NORTH JEFFERSON AVENUE  
City-State-Zip: ST. LOUIS MO 63103

Title           MANAGER  
Name           TYERS, JOHN  
Address        1 NORTH JEFFERSON AVENUE  
City-State-Zip: ST. LOUIS MO 63103

*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: VICTORIA BARROSO**

**AUTHORIZED PERSON**

**04/12/2023**

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

\_\_\_\_\_  
Date