

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001891

**Entity Name:** WELLS FARGO ADVISORS INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

901 E. BYRD STREET  
RICHMOND, VA 23219

**Current Mailing Address:**

901 E. BYRD STREET  
RICHMOND, VA 23219

**FEI Number: 54-0910269**

**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           GACONA, BERNARD  
Address        401 SOUTH TRYON ST  
City-State-Zip: CHARLOTTE NC 28202

Title           AUTHORIZED PERSON  
Name           BLANDING, CLARA  
Address        301 S TRYON ST  
City-State-Zip: CHARLOTTE NC 28202

*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: CLARA BLANDING**

**AUTHORIZED PERSON**

**04/30/2020**

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

\_\_\_\_\_  
Date