

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004087

**Entity Name:** J.P. MORGAN SECURITIES LLC

**Current Principal Place of Business:**

383 MADISON AVE.  
NEW YORK, NY 10179

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**9238043928CC**

**Current Mailing Address:**

383 MADISON AVE.  
NEW YORK, NY 10179 US

**FEI Number:** 13-4110995

**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           MANAGER  
Name           MCCRUM, CARRIE  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

Title           MANAGER  
Name           JURY, CLAUDIA  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

Title           MANAGER  
Name           TEPPER, ERIC D.  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

Title           MANAGER  
Name           BISESI, BRIAN J  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

Title           MANAGER  
Name           SIPPEL, JASON EDWIN  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

Title           VP  
Name           DANERI, ANDREA BELEN  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

Title           MANAGER  
Name           SIMMONS, JOHN E  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

Title           MANAGER  
Name           SIEG, WILLIAM PHILIP  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

**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:** DANERI , ANDREA BELEN

VP

04/30/2024

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

\_\_\_\_\_  
Date

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

Title           MANAGER  
Name           FOLEY, KEVIN J  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

Title           MANAGER  
Name           VIENICK, PAUL  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179

Title           MANAGER  
Name           MCCRUM, CARRIE  
Address        383 MADISON AVE.  
City-State-Zip: NEW YORK NY 10179