## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005340

Entity Name: TD PRIVATE CLIENT WEALTH LLC

**Current Principal Place of Business:** 

444 MADISON AVENUE, 11TH FLOOR

NEW YORK. NY 10022

**Current Mailing Address:** 

444 MADISON AVENUE, 11TH FLOOR NEW YORK. NY 10022 US

FEI Number: 01-0447182 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 DIRECTOR Title DIRECTOR

Name CHABOT, ALAN Name KLUG, ALYSON

Address 444 MADISON AVENUE, 11TH FLOOR Address 444 MADISON AVENUE, 11TH FLOOR

City-State-Zip: NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

Title DIRECTOR Title TREASURER

Name BREGENZER, ANDREW Name FANELLE, BARTHOLOMEW D

Address 444 MADISON AVENUE, 11TH FLOOR Address 444 MADISON AVENUE, 11TH FLOOR

City-State-Zip: NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

Title DIRECTOR, CFO Title DIRECTOR

Name SINGH, GURDEEP Name SUNDRAM, JEFFREY

Address 444 MADISON AVENUE, 11TH FLOOR Address 444 MADISON AVENUE, 11TH FLOOR

City-State-Zip: NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

Title DIRECTOR Title DIRECTOR, PRESIDENT
Name LEEUW, JOHN VANDER Name THOMPSON, KENNETH G

Address 444 MADISON AVENUE, 11TH FLOOR Address 444 MADISON AVENUE, 11TH FLOOR

City-State-Zip: NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

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: LYDIA C. BOOSE ASSISTANT S

Electronic Signature of Signing Authorized Person(s) Detail

ASSISTANT SECRETARY

03/07/2023 Date

FILED Mar 07, 2023

**Secretary of State** 

5914975462CC

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

Title DIRECTOR Title SOLE MEMBER

Name MOTTEK, PETER SCOTT Name TD BANK, NATIONAL ASSOCIATION

Address 444 MADISON AVENUE, 11TH FLOOR Address 1701 ROUTE 70 EAST,

City-State-Zip: NEW YORK NY 10022 City-State-Zip: CHERRY HILL NJ 08003

Title ASST. SECRETARY, AUTHORIZED

REPRESENTATIVE

Name BOOSE, LYDIA C.

Address 444 MADISON AVENUE, 11TH FLOOR

City-State-Zip: NEW YORK NY 10022