

2020 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:**LEGAL DEPT. - P.O. BOX 9540
PORTLAND, ME 04112 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	ASST. SECRETARY
Name	BOOSE, LYDIA
Address	75 JOHN ROBERTS ROAD, BLDG. A
City-State-Zip:	SOUTH PORTLAND ME 04106

Title	SECRETARY
Name	BARNETT, ROHAN
Address	444 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR, CEO
Name	THOMPSON, KENNETH G.
Address	444 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	MOTTEK, PETER SCOTT
Address	444 MADISON AVENUE, 11TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR, TREASURER
Name	ROSENTHAL, RICHARD
Address	444 MADISON AVENUE, 11TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	MANAGER
Name	BREGENZER, ANDREW
Address	444 MADISON AVENUE, 11TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	MANAGER
Name	SUNDRAM, JEFFREY
Address	444 MADISON AVENUE, 11TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	MANAGER
Name	FANELLE, BARTHOLOMEW D
Address	444 MADISON AVENUE, 11TH FLOOR
City-State-Zip:	NEW YORK NY 10022

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 BOOSE**ASSISTANT SECRETARY** 03/17/2020_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date