

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000007703

Entity Name: ADVISED BY, LLC

Current Principal Place of Business:

7800 UNIVERSITY POINTE DRIVE
FORT MYERS, FL 33907

Current Mailing Address:

9800 HEALTH CARE LANE, MN006-W500
MINNETONKA, MN 55343 US

FEI Number: 85-2984578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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 VICE PRESIDENT*
Name BLANCHARD, JOHN EMMETT
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title VICE PRESIDENT*
Name GARVER, MICHAEL DEAN
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title VP, TAX SERVICES*
Name KELLY, JOHN WILLIAM
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title ASSISTANT TREASURER*
Name MCGLINCH, THOMAS SHAUN
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title ASSISTANT TREASURER*
Name RUNICE, PAUL TIMOTHY
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY
Name LEWIS-DAVID, JENNIFER LUNDGREN
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name GILL, PETER MARSHALL
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

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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: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CFO
Name SCHOETTLE, JEREMY MICHAEL
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title MANAGER
Name GABRIEL, JAMES MARK
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title CEO
Name CARR, PATRICK FRANCIS
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title MANAGER
Name SCHOETTLE, JEREMY MICHAEL
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title PRESIDENT
Name CARR, PATRICK FRANCIS
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907

Title MANAGER
Name CARR, PATRICK FRANCIS
Address 7800 UNIVERSITY POINTE DRIVE
City-State-Zip: FORT MYERS FL 33907