

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000005675

Entity Name: TRADITION SECURITIES AND DERIVATIVES LLC**Current Principal Place of Business:**32 OLD SLIP, 28TH FLOOR
NEW YORK, NY 10005**Current Mailing Address:**32 OLD SLIP, 28TH FLOOR
NEW YORK, NY 10005**FEI Number:** 13-3517908**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 N. CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301 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 MGR
Name BRISEBOIS, FRANCOIS
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title MGR
Name ROSENSHEIN, LARRY
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title MGR
Name RICCIARDI, JUDITH
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title MGR
Name LEIBOWITZ, MICHAEL
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title MGR
Name WOSTYN, WILLIAM
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title P
Name BACCALA, RAYMOND
Address 32 OLD SLIP, 28TH FLOOR
City-State-Zip: NEW YORK NY 10005

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: JUDITH RICCIARDI**SECRETARY****03/22/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date