

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001701

Entity Name: WELLS FARGO SECURITIES, LLC**Current Principal Place of Business:**WELLS FARGO CENTER
301 S. COLLEGE STREET
CHARLOTTE, NC 28288**Current Mailing Address:**WELLS FARGO CENTER
301 S. COLLEGE STREET
CHARLOTTE, NC 28288**FEI Number:** 56-2326000**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 MGR
Name SHREWSBERRY, JOHN R
Address 301 S. COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28288Title MGR
Name ENGEL, ROBERT
Address 301 S. COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28288Title MGR
Name SLOAN, TIMOTHY J
Address 301 S. COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28288Title MGRM
Name EVEREN CAPITAL CORPORATION
Address 301 S. COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28288Title MGR
Name WEISS, JONATHAN
Address 301 S. COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28288Title MGR
Name ZANIN, RYAN
Address 301 S. COLLEGE STREET
City-State-Zip: CHARLOTTE NC 28288

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: JOHN SHREWSBERRY**AUTHORIZED PERSON****04/23/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date