## 2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003197

Entity Name: PRUCO SECURITIES, LLC

\_\_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

**Current Principal Place of Business:** 

751 BROAD ST., 21ST FLOOR NEWARK, NJ 07102

**Current Mailing Address:** 

751 BROAD ST., 21ST FLOOR NEWARK, NJ 07102 US

FEI Number: 90-1018590 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH 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

FILED Apr 10, 2015

**Secretary of State** 

CC5604399701

## Authorized Person(s) Detail:

Title MEMBER

Name THE PRUDENTIAL INSURANCE

COMPANY OF AMERICA

Address 751 BROAD ST., 21ST FLOOR

City-State-Zip: NEWARK NJ 07102

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: THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

**MEMBER** 

04/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date