

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000007237

**Entity Name:** LOS ANGELES CAPITAL MANAGEMENT LLC

**Current Principal Place of Business:**

11150 SANTA MONICA BLVD, STE 200  
LOS ANGELES, CA 90025

**Current Mailing Address:**

11150 SANTA MONICA BLVD, STE 200  
LOS ANGELES, CA 90025 US

**FEI Number:** 02-0541198

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 MBR  
Name ALLEN, DANIEL  
Address 11150 SANTA MONICA BLVD, STE 200  
City-State-Zip: LOS ANGELES CA 90025

Title MBR  
Name REYNOLDS, HAL  
Address 11150 SANTA MONICA BLVD, STE 200  
City-State-Zip: LOS ANGELES CA 90025

Title MBR  
Name REYNOLDS, JENNIFER  
Address 11150 SANTA MONICA BLVD, STE 200  
City-State-Zip: LOS ANGELES CA 90025

Title MBR  
Name STEVENS, TOM  
Address 11150 SANTA MONICA BLVD, STE 200  
City-State-Zip: LOS ANGELES CA 90025

Title MBR  
Name MATSUDA, STUART  
Address 11150 SANTA MONICA BLVD, STE 200  
City-State-Zip: LOS ANGELES CA 90025

Title SECRETARY  
Name BARKER, LINDA  
Address 11150 SANTA MONICA BLVD, STE 200  
City-State-Zip: LOS ANGELES CA 90025

*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:** LINDA BARKER

**SECRETARY**

**04/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date