



# **PUBLIC**

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CITTED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

QMB APPROVAL QMB Number. 3235-0123 March 31, 2016 Expires: Estimated average burden hours per response . ... . 12.00

**SEC** 

#### ANNUAL AUDITED REPORTrocessing **FORM X-17A-5** Section **PART III**

FEB 26 2016

SEC FILE NUMBER 8-69344

Wasnington DC **FACING PAGE** Information Required of Brokers and Dealers Pursuant & Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

REPORT FOR THE PERIOD BEGINING	JANUARY 1, 2015	_ AND ENDING	DECEMBER 31, 2015
	MM/DD/YY		MM/DD/YY
A. RE	GISTRANT IDENTIF	ICATION	
NAME OF BROKER DEALER: EXCEED S	SECURITIES, LLC		OFFICAL USE ONLY
ADDRESS OF PRINCIPAL PLACE OF BUSINE	ESS: (Do not use P.O. Box No	.)	FIRM ID. NO.
28 W	$^{\prime}$ . $44^{\mathrm{TH}}$ STREET – $16^{\mathrm{TH}}$	FLOOR	
	(No. and Street)		
NEW YORK	NY		10036
(City)	(City) (State)		(Zip Code)
NAME AND TELEPHONE NUMBER OF PERS JOSEPH HALPERN	ON TO CONTACT IN REGA	ARD TO THIS REPO	ORT (646) 580-7046
		(A	rea Code - Telephone No.)
B. A	CCOUNTANT DESIG	NATION	
INDEPENDENT PUBLIC ACCOUNTANT whos	se opinion is contained in this	Report*	
	HAB AND COMPANY		
	if individual, state last, first, i		
100 E. SYBELIA AVENUE, SUITE 130,	MAITLAND	FLORIDA	32751
(Address and City)		(State)	(Zip Code)
CHECK ONE:			
Public Accountant			
Accountant not resident in United Sta	tes or any of its Possessions		
	FOR OFFICIAL USE ONLY		

\*Claims for exemption from the requirement that the annual audit be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See section 240.17a-5(e)(2).

> Potential persons who are to respond to the collection of Information contained in this form are required to respond unless the form displays a current valid OMB control number.

SEC 1410 (06-02)



# **OATH OR AFFIRMATION**

i,	JOSEPH HALPERN	, swear (or affirm) that, to the
best of my knowledge and be	lief the accompanying financial state EXCEED SECURITIES	ement and supporting schedules pertaining to the firm or ES, LLC , as of
DECEMBER	31, 2015 are true and co	orrect. I further swear (or affirm) that neither the company
nor any partner, proprietor, pr a customer, except as follows		roprietary interest in any account classified solely as that o
THERESA R COIL		n 0
NOTARY PUBLIC-STATE OF No. 01CO62927		
Qualified in Queens		Signature
My Commission Expires Novem	Der 04 2017	
Throw A	2/8/2016	CEO Title
Public N	лагу	
<ul> <li>(f) Statement of changes in Li</li> <li>(g) Computation of Net Capita</li> <li>(h) Computation for Determin</li> <li>(i) Information Relating to the</li> <li>(j) A Reconciliation, includin Computation for Determin</li> <li>(k) A Reconciliation between solidation.</li> <li>(l) An Oath or Affirmation.</li> <li>(m) A copy of the SIPC Supplement</li> </ul>	ndition.  i).  inancial Condition.  tockholders' Equity or Partners' or Sole abilities Subordinated to Claims of Creat.  ation of Reserve Requirements Pursuant Possession or control Requirements Ung appropriate explanation, of the Computation of the Reserve Requirements under the audited and unaudited Statements of	ditors.  It to Rule 15c3-3.  Inder Rule 15c3-3.  Inter Rule 15c3-1.  Intation of Net Capital Under Rule 15c3-1 and the
For conditions of confidential t	reatment of certain portions of this filin	ng, see section 240.17a-5(e)(3).

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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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### ANNUAL AUDITED REPORT FORM X-17A-5 PART III

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#### FACING PAGE

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

DENTIFICATION LLC P.O. Box No.) ET - 16 <sup>TH</sup> FLOOR Street) NY (State)	OFFICAL USE ONLY FIRM ID. NO.
LLC P.O. Box No.) ET – 16 <sup>TII</sup> FLOOR I Street) NY	FIRM ID. NO.
P.O. Box No.) ET - 16 <sup>TH</sup> FLOOR I Street) NY	FIRM ID. NO.
ET – 16 <sup>Ttl</sup> FLOOR   Street)   NY	
Street)	10036
NY	10036
	10036
(State)	10050
	(Zip Code)
CT IN REGARD TO THIS REPO	RT (646) 580-7046
(Ar	ea Code - Telephone No.)
r designation	
ined in this Report*	
OMPANY, PA	
•	2007
	32751 (Zip Code)
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SE ONLY	
	Particular and Annual Marketine and Annual A
	T DESIGNATION  nined in this Report*  OMPANY, PA  a last, first, middle name)  FLORIDA  (State)  ossessions

\*Claims for exemption from the requirement that the annual audit be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption, See section 240.17a-5(e)(2).

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a current valid OMS control number.

SEC 1410 (06-02)

#### OATH OR AFFIRMATION

i, <u>Joseph Halpern</u>	, swear (or affirm) that, to the
est of my knowledge and belief the accompanying financial staten EXCEED SECURITIES	
DECEMBER 31, 2015 are true and corr	rect. I further swear (or affirm) that neither the company
or any partner, proprietor, principal officer or director has any pro- customer, except as follows:	prietary interest in any account classified solely as that o
THERESA R COIRÓ	
NOTARY PUBLIC-STATE OF NEW YORK	$\kappa \wedge \ell$
No. 01CO6292779	
Qualified in Queens County	L8fgnature
My Commission Expires November 04, 2017	#19 \$100 im.
'	CEO
Thum R. Com 2/4/2016	Title
Public Notary	
is report** contains (check all applicable boxes);  (a) Facing page.  (b) Statement of Financial Condition.	
(c) Statement of Income (Loss).	
(d) Statement of Changes in Financial Condition.	
<ul> <li>(e) Statement of Changes in Stockholders' Equity or Partners' or Sole f</li> <li>(f) Statement of changes in Liabilities Subordinated to Claims of Credit</li> <li>(g) Computation of Net Capital.</li> </ul>	tors.
<ul> <li>(b) Computation for Determination of Reserve Requirements Pursuant to</li> <li>(i) Information Relating to the Possession or control Requirements Und</li> <li>(j) A Reconciliation, including appropriate explanation, of the Computation</li> </ul>	ler Rule 15c3-3. ation of Net Capital Under Rule 15c3-1 and the
Computation for Determination of the Reserve Requirements under (k) A Reconciliation between the audited and unaudited Statements of F solidation.	
(i) An Oath or Affirmation.	
(m) A copy of the SIPC Supplemental Report.	and a company of the
(n) A report describing any material inadequacies found to exist or four	id to have existed since the date of the previous audit.
<ul> <li>(i) An Oath or Affirmation.</li> <li>(m) A copy of the SIPC Supplemental Report.</li> <li>(n) A report describing any material inadequacies found to exist or four.</li> <li>.</li> <li>For conditions of confidential treatment of certain portions of this filing.</li> </ul>	

# EXCEED SECURITIES LLC STATEMENT OF FINANCIAL CONDITION FOR THE YEAR ENDED DECEMBER 31, 2015

#### **ASSETS**

Cash and cash equivalents	\$ 22,478
CRD deposit	276
Security Deposit	6,875
Total assets	\$ 29,629
LIABILITIES AND MEMBER'S EQUITY	
Liabilities:	
Accounts payable and accrued expenses	\$ 4,349
Total liabilities	4,349
Member's equity	 25,280
Total liabilities and member's equity	\$ 29,629

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A. RI	EGISTRANT IDENTIF	ICATION	<del> </del>
The state of the s	SECURITIES, LLC	And the second s	OFFICAL USE ONLY
ADDRESS OF PRINCIPAL PLACE OF BUSIN	ESS: (Do not use P.O. Box No	.)	FIRM ID. NO.
28 W	. 44 <sup>TH</sup> STREET – 16 <sup>TH</sup>	FLOOR	· · · · · · · · · · · · · · · · · · ·
	(No. and Street)		and the state of t
NEW YORK	NEW YORK NY		10036
(City)	(State)	ALLON IN THE STATE OF THE STATE	(Zip Code)
NAME AND TELEPHONE NUMBER OF PERS JOSEPH HALPERN	ON TO CONTACT IN REG	ARD TO THIS REP	ORT (646) 580-7046
JOSEJ H HALFERN		(A	rea Code - Telephone No.)
	CCOUNTANT DESIG		
INDEPENDENT PUBLIC ACCOUNTANT who	se opinion is contained in this  OHAB AND COMPAN!	* .	
	if individual, state last, first,		
100 E. SYBELIA AVENUE, SUITE 130		FLORIDA	3275!
(Address and City)		(State)	(Zip Code)
CHECK ONE:    I Certified Public Accountant   Public Accountant   Accountant   Accountant   Accountant not resident in United Sta	ites or any of its Possessions		
	FOR OFFICIAL USE ONLY		

\*Claims for exemption from the requirement that the annual audit he covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See section 240.17a-5(e)(2).

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nor any partner, proprietor, principal officer or director has any propa customer, except as follows:	prietary interest in any account classified solely as that of
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NOTARY PUBLIC-STATE OF NEW YORK	$\mathcal{M}$
No. 01CO6292779	Stenature
Qualified in Queens County	Claudie
My Commission Expires November 04, 2017	CEO
Thum R. Cow 2/4/2016	Title
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his report** contains (check all applicable boxes);  (a) Facing page.  (b) Statement of Financial Condition.  (c) Statement of Income (Loss).  (d) Statement of Changes in Financial Condition.  (e) Statement of Changes in Stockholders' Equity or Partners' or Sole P  (f) Statement of Changes in Liabilities Subordinated to Claims of Credit  (g) Computation of Net Capital.  (h) Computation for Determination of Reserve Requirements Pursuant to  (i) Information Relating to the Possession or control Requirements Und  (j) A Reconciliation, including appropriate explanation, of the Computa Computation for Determination of the Reserve Requirements under l  (k) A Reconciliation between the audited and unaudited Statements of F solidation.  (l) An Oath or Affirmation.  (m) A copy of the SIPC Supplemental Report.  (n) A report describing any material inadequacies found to exist or found	ors.  Rule 15c3-3. er Rule 15c3-3. tion of Net Capital Under Rule 15c3-1 and the Exhibit A of Rule 15c3-1. inancial Condition with respect to methods of con-
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Total liabilities  Member's equity		4,349 25,280
Total liabilities and member's equity	\$	29,629