

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000074116

Entity Name: MINTO TITLE, LLC

Current Principal Place of Business:

4400 W. SAMPLE ROAD
SUITE 200
COCONUT CREEK, FL 33073

Current Mailing Address:

4400 W. SAMPLE ROAD
SUITE 200
COCONUT CREEK, FL 33073 US

FEI Number: 32-0155667

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELMONT, MICHAEL J
4400 W. SAMPLE ROAD, SUITE 200
COCONUT CREEK, FL 33073 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	DIVISION PRES.	Title	PRES
Name	BULLOCK, WILLIAM L	Name	BELMONT, MICHAEL J
Address	4400 W. SAMPLE ROAD, SUITE 200	Address	4400 W. SAMPLE ROAD, SUITE 200
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 33073
Title	VP	Title	VP
Name	CARTER, JOHN F	Name	COSTELLO, LILLIAM
Address	4400 W. SAMPLE ROAD, SUITE 200	Address	4400 W. SAMPLE ROAD SUITE 200
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 33073
Title	SR. VP	Title	VP
Name	SVOPA, STEVEN M.	Name	CALE, BRIAN
Address	4400 W. SAMPLE ROAD SUITE 200	Address	4400 W. SAMPLE ROAD SUITE 200
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 33073

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: LILLIAM COSTELLO

VICE PRESIDENT

05/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date