

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000017644

**Entity Name:** MINTO KENNEDY GROVES, 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

**FEI Number:** 04-3846614

**Certificate of Status Desired:** No

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

BELMONT, MICHAEL J  
4400 WEST 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           VP  
Name           CARTER, JOHN F  
Address        4400 W. SAMPLE ROAD, SUITE 200  
City-State-Zip: COCONUT CREEK FL 33073

Title           PRES  
Name           BELMONT, MICHAEL J  
Address        4400 W. SAMPLE ROAD, SUITE 200  
City-State-Zip: COCONUT CREEK FL 33073

Title           VP  
Name           BULLOCK, WILLIAM L  
Address        4400 W. SAMPLE ROAD, SUITE 200  
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:** BELMONT , MICHAEL , J

**PRESIDENT**

**01/06/2017**

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

\_\_\_\_\_  
Date