

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000039394

**Entity Name:** MINTO FLORIDA HOLDINGS, 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:** 02-0774607

**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 STE 200  
City-State-Zip: COCONUT CREEK FL 33073

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

Title DIVISION PRES.  
Name BULLOCK, WILLIAM L  
Address 4400 W SAMPLE ROAD  
SUITE 200  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name COSTELLO, LILLIAM  
Address 4400 W SAMPLE ROAD  
SUITE 200  
City-State-Zip: COCONUT CREEK FL 33073

Title SR.VP  
Name SVOPA, STEVEN M.  
Address 4400 W SAMPLE ROAD  
SUITE 200  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name CALE, BRIAN  
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:** MICHAEL J. BELMONT

**PRESIDENT**

**04/29/2021**

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

\_\_\_\_\_  
Date