

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091884

Entity Name: MINTO BRADENTON, LLC**Current Principal Place of Business:**4400 W SAMPLE RD
SUITE 200
COCONUT CREEK, FL 33073**Current Mailing Address:**4400 W SAMPLE RD
SUITE 200
COCONUT CREEK, FL 33073 US**FEI Number:** 27-0962110**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELMONT, MICHAEL J
4400 W SAMPLE RD
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.
Name	BULLOCK, WILLIAM
Address	4400 W SAMPLE RD SUITE 200
City-State-Zip:	COCONUT CREEK FL 33073

Title	VP
Name	CARTER, JOHN F
Address	4400 W SAMPLE RD, SUITE 200
City-State-Zip:	COCONUT CREEK FL 33073

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

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

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

Title	VP
Name	CALE, BRIAN
Address	4400 W SAMPLE RD 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****06/16/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date