

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000084713

**Entity Name:** MINTO SABAL BAY, LLC

**Current Principal Place of Business:**

4400 W. SAMPLE ROAD, SUITE 200  
ATTN: MICHAEL J. BELMONT, PRESIDENT  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4400 W. SAMPLE ROAD, SUITE 200  
ATTN: MICHAEL J. BELMONT, PRESIDENT  
COCONUT CREEK, FL 33073 US

**FEI Number:** 45-5596411

**Certificate of Status Desired:** No

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

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

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

Title            VP  
Name            CARTER, JOHN  
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  
                  ATTN: MICHAEL J. BELMONT,  
                  PRESIDENT  
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

**PRES**

**03/27/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date