

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000124938

Entity Name: MINTO SPW, LLC

Current Principal Place of Business:

MINTO COMMUNITIES, LLC
4400 W SAMPLE ROD, SUITE 200
COCONUT CREEK, FL 33073

Current Mailing Address:

MINTO COMMUNITIES, LLC
4400 W SAMPLE ROD, SUITE 200
COCONUT CREEK, FL 33073 US

FEI Number: 46-3578491

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	MGR	Title	MGR
Name	BELMONT, MICHAEL J	Name	CARTER, JOHN F
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	DIVISION PRES.	Title	VP
Name	BULLOCK, WILLIAM L.	Name	COSTELLO, LILLIAM
Address	MINTO COMMUNITIES, LLC 4400 W SAMPLE ROD, SUITE 200	Address	MINTO COMMUNITIES, LLC 4400 W SAMPLE ROD, 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	MINTO COMMUNITIES, LLC 4400 W SAMPLE ROD, SUITE 200	Address	MINTO COMMUNITIES, LLC 4400 W SAMPLE ROD, 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: MICHAEL J. BELMONT

PRESIDENT

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date