

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000054184

Entity Name: MINTO PBLH, LLC

Current Principal Place of Business:

C/O MINTO COMMUNITIES, LLC
4400 W SAMPLE RD STE 200
COCONUT CREEK, FL 33073

Current Mailing Address:

C/O MINTO COMMUNITIES, LLC
4400 W SAMPLE RD STE 200
COCONUT CREEK, FL 33073

FEI Number: 46-5284679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Title VP
Name COSTELLO, LILLIAM
Address C/O MINTO COMMUNITIES, LLC
4400 W SAMPLE RD STE 200
City-State-Zip: COCONUT CREEK FL 33073

Title DIVISION PRES.
Name BULLOCK, WILLIAM L.
Address C/O MINTO COMMUNITIES, LLC
4400 W SAMPLE RD STE 200
City-State-Zip: COCONUT CREEK FL 33073

Title SR. VP
Name SVOVA, STEVEN M.
Address C/O MINTO COMMUNITIES, LLC
4400 W SAMPLE RD STE 200
City-State-Zip: COCONUT CREEK FL 33073

Title VP
Name CALE, BRIAN
Address C/O MINTO COMMUNITIES, LLC
4400 W SAMPLE RD STE 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: LILLIAM COSTELLO

VICE PRESIDENT

05/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date