

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000213459

**FILED**  
**Mar 27, 2023**  
**Secretary of State**  
**1518651470CC**

**Entity Name:** AMERANT MORTGAGE, LLC

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE, SUITE 310  
CORAL GABLES, FL 33134

**Current Mailing Address:**

220 ALHAMBRA CIRCLE, SUITE 310  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-0416590

**Certificate of Status Desired:** No

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

MARTIN, S. MARSHALL ESQ.  
220 ALHAMBRA CIRCLE, SUITE 310  
CORAL GABLES, FL 33134 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:** S. MARSHALL MARTIN

03/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, ASST. SECRETARY  
Name           MARTIN, S. MARSHALL  
Address        220 ALHAMBRA CIRCLE, SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

Title           PRESIDENT, MANAGER  
Name           EELMAN, ANTHONY  
Address        220 ALHAMBRA CIRCLE, SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER  
Name           IAFIGLIOLA, CARLOS  
Address        220 ALHAMBRA CIRCLE, SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

Title           SECRETARY, MANAGER  
Name           CHICA, MANUEL  
Address        220 ALHAMBRA CIRCLE, SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

Title           EVP, MANAGER  
Name           KEEL, JOSEPH  
Address        220 ALHAMBRA CIRCLE, SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

Title           EVP, MANAGER  
Name           LEVINE, HOWARD  
Address        220 ALHAMBRA CIRCLE, SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

*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:** MANUEL CHICA

**MANAGER, BY SAVANAH** 03/27/2023  
**STRYDOM, ATTORNEY-**  
**IN-FACT**

Electronic Signature of Signing Authorized Person(s) Detail

Date