

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000184001

**Entity Name:** MINTCOL LLC

**Current Principal Place of Business:**

150 SE 2ND AVE  
SUITE 404  
MIAMI, FL 33131

**FILED**  
**May 01, 2020**  
**Secretary of State**  
**6966631006CC**

**Current Mailing Address:**

150 SE 2ND AVE  
SUITE 404  
MIAMI, FL 33131 US

**FEI Number:** 38-4046294

**Certificate of Status Desired:** No

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

R&P ACCOUNTING & TAXES, INC  
150 SE 2ND AVE  
SUITE 404  
MIAMI, FL 33131 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 MARTINEZ MAXCYCLAR, RAFAEL KURTH  
Address 150 SE 2ND AVE SUITE 404  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name ROZO LOPEZ, MARTHA NELLY  
Address 150 SE 2ND AVE SUITE 404  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MARTINEZ ROZO, KARINA  
Address 150 SE 2ND AVE SUITE 404  
City-State-Zip: MIAMI FL 33131

*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:** MARTINEZ MAXCYCLAR , RAFAEL KURTH

**MGR**

**05/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date