

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000213459

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

Electronic Signature of Signing Authorized Person(s) Detail

Date