

**2022 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

01/13/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, EVP, AS  
Name MARTIN, S. MARSHALL  
Address 220 ALHAMBRA CIRCLE, SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

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

Title MGR  
Name PALACIOS, MIGUEL  
Address 220 ALHAMBRA CIRCLE, SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

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

Title MGR  
Name CAPRILES, ALBERTO  
Address 220 ALHAMBRA CIRCLE, SUITE 310  
City-State-Zip: CORAL GABLES FL 33134

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

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

Title EVP, AS  
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:** S. MARSHALL MARTIN

MGR

01/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date