

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000722

**Entity Name:** AGAMERICA EW1, LLC

**Current Principal Place of Business:**

4030 S PIPKIN RD  
LAKELAND, FL 33811

**Current Mailing Address:**

4030 S PIPKIN RD  
LAKELAND, FL 33811 US

**FEI Number:** 84-4225421

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE  
1ST FLOOR  
TALLAHASSEE, FL 32301 US

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**0886427639CC**

*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	MBR	Title	EVP/CHIEF FINANCIAL OFFICER
Name	AGAMERICA MORTGAGE TRUST, LLC	Name	KASHDIN, DANIEL A
Address	4030 S PIPKIN RD	Address	4030 S PIPKIN RD
City-State-Zip:	LAKELAND FL 33811	City-State-Zip:	LAKELAND FL 33811
Title	EVP/CHIEF STRATEGY AND RISK OFFICER	Title	MGR, CHAIRMAN, CEO
Name	EELMAN, COURTNEY A	Name	PHILPOT, BRIAN G
Address	4030 S PIPKIN RD	Address	4030 S PIPKIN RD
City-State-Zip:	LAKELAND FL 33811	City-State-Zip:	LAKELAND FL 33811
Title	MGR, SECRETARY/EVP/CHIEF REVENUE OFFICER	Title	CHIEF ACCOUNTING OFFICER
Name	MILLER, MCALPIN T	Name	CULBRETH, JOHN K
Address	4030 S PIPKIN RD	Address	4030 S PIPKIN RD
City-State-Zip:	LAKELAND FL 33811	City-State-Zip:	LAKELAND FL 33811
Title	DIRECTOR OF CLOSING	Title	CHIEF CREDIT OFFICER
Name	MILLER, THEODORE R. M.	Name	STEPRO, TRAVIS
Address	4030 S PIPKIN RD	Address	4030 S PIPKIN RD
City-State-Zip:	LAKELAND FL 33811	City-State-Zip:	LAKELAND FL 33811

*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:** JULIA HUBBARD

**DIRECTOR OF  
ACCOUNTING**

**04/27/2023**

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

\_\_\_\_\_  
Date