

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000072831

Entity Name: MASTEC RESIDENTIAL SERVICES, LLC**Current Principal Place of Business:**800 DOUGLAS ROAD, PENTHOUSE
CORAL GABLES, FL 33134**Current Mailing Address:**800 DOUGLAS ROAD, PENTHOUSE
CORAL GABLES, FL 33134 US**FEI Number:** 27-0637848**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MGRM
Name MASTEC NORTH AMERICA, INC.
Address 800 S DOUGLAS RD, PENTHOUSE
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT
Name APPLE, ROBERT
Address 800 DOUGLAS ROAD, PENTHOUSE
City-State-Zip: CORAL GABLES FL 33134

Title EVP & CFO
Name PITA, GEORGE
Address 800 DOUGLAS ROAD, PENTHOUSE
City-State-Zip: CORAL GABLES FL 33134

Title EVP & SECRETARY
Name DE CARDENAS, ALBERTO
Address 800 DOUGLAS ROAD, PENTHOUSE
City-State-Zip: CORAL GABLES FL 33134

Title ASST. SECRETARY
Name STIEFEL, CAROL
Address 800 DOUGLAS ROAD, PENTHOUSE
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: ALBERTO DE CARDENAS**SECRETARY****04/23/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date