

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000178358

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC7910211430**

**Entity Name:** MASTEC MEXICO HOLDING COMPANY, LLC

**Current Principal Place of Business:**

800 SOUTH DOUGLAS ROAD,PENTHOUSE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

800 SOUTH DOUGLAS ROAD,PENTHOUSE  
CORAL GABLES, FL 33134

**FEI Number:** 27-2990566

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            SECRETARY  
Name            DE CARDENAS, ALBERTO  
Address        800 SOUTH DOUGLAS  
                  ROAD,PENTHOUSE  
City-State-Zip: CORAL GABLES FL 33134

Title            AUTHORIZED MEMBER  
Name            MASTEC NORTH AMERICA, INC.  
Address        800 SOUTH DOUGLAS  
                  ROAD,PENTHOUSE  
City-State-Zip: CORAL GABLES FL 33134

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

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

Title            TREASURER  
Name            LOVE, T. MICHAEL  
Address        800 SOUTH 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**

**04/12/2018**

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

\_\_\_\_\_  
Date