

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000080382

Entity Name: MASTEC TPP, LLC**Current Principal Place of Business:**800 SOUTH DOUGLAS ROAD
12TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**800 SOUTH DOUGLAS ROAD
12TH FLOOR
CORAL GABLES, FL 33134 US**FEI Number:** 32-0466766**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	MBR
Name	MASTEC PIPELINE HOLDINGS, LLC
Address	800 SOUTH DOUGLAS ROAD 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	COO
Name	APPLE, ROBERT
Address	800 SOUTH DOUGLAS ROAD 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	EVP
Name	ALVAREZ, PABLO
Address	800 SOUTH DOUGLAS ROAD 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	DIMARCO, PAUL
Address	800 SOUTH DOUGLAS ROAD 12TH FLOOR
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: MASTEC PIPELINE HOLDINGS, LLC

MBR

04/18/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date