

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000052335

**Entity Name:** PRETEC DIRECTIONAL DRILLING, LLC**Current Principal Place of Business:**800 SOUTH DOUGLAS ROAD  
#1200  
CORAL GABLES, FL 33134**Current Mailing Address:**800 SOUTH DOUGLAS ROAD, #1200  
ATTN: MASTEC, INC. LEGAL DEPT.  
CORAL GABLES, FL 33134 US**FEI Number:** 81-2154750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY, INC.  
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 AUTHORIZED MEMBER  
Name MP DRILLING HOLDINGS, LLC  
Address 800 SOUTH DOUGLAS ROAD #1200  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER, VP  
Name APPLE, ROBERT  
Address 800 SOUTH DOUGLAS ROAD  
#1200  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name POTEETE, ROBERT  
Address 3314 56TH STREET  
City-State-Zip: EAU CLAIRE WI 54703

Title PRESIDENT  
Name ROONEY, STEVEN  
Address 3314 56TH ST  
City-State-Zip: EAU CLAIRE WI 54073

Title TREASURER  
Name DIMARCO, PAUL  
Address 800 SOUTH DOUGLAS ROAD  
#1200  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name DE CARDENAS, ALBERTO  
Address 800 SOUTH DOUGLAS ROAD  
#1200  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name ALVAREZ, PABLO  
Address 800 SOUTH DOUGLAS ROAD  
#1200  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name KARIAN, DAVID  
Address 800 SOUTH DOUGLAS ROAD  
#1200  
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****04/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date