

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000079034

**Entity Name:** PRECISION DEWATERING, LLC**Current Principal Place of Business:**3314 56TH STREET  
EAU CLAIRE, WI 54703**Current Mailing Address:**800 SOUTH DOUGLAS ROAD, STE 1200  
ATTN: MASTEC, INC. LEGAL DEPT.  
CORAL GABLES, FL 33134 US**FEI Number:** 83-1792443**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	MGR, VP
Name	APPLE, ROBERT E
Address	800 SOUTH DOUGLAS ROAD #1200
City-State-Zip:	CORAL GABLES FL 33134

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

Title	PRESIDENT
Name	ROONEY, STEVEN
Address	3314 56TH STREET
City-State-Zip:	EAU CLAIRE WI 54703

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

Title	SECRETARY
Name	DE CARDENAS, ALBERTO
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****04/03/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date