

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000323648

**Entity Name:** MASTEC UTILITY SERVICES COMPANY, LLC**Current Principal Place of Business:**800 S DOUGLAS RD, SUITE 1200  
CORAL GABLES, FL 33134**Current Mailing Address:**ATTN: MASTEC, INC. LEGAL DEPT.  
800 S DOUGLAS RD, SUITE 1200  
CORAL GABLES, FL 33134 US**FEI Number:** 87-1826620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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 AMBR  
Name MASTEC NORTH AMERICA, INC.  
Address 800 S DOUGLAS RD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name APPLE, ROBERT  
Address 800 S DOUGLAS RD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name KARIAN, DAVID  
Address 800 S DOUGLAS RD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name DIMARCO, PAUL  
Address 800 S DOUGLAS RD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name DE CARDENAS, ALBERTO  
Address 800 S DOUGLAS RD, SUITE 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****04/26/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date