2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000338876

Entity Name: INTREN WEST, LLC

FILED May 01, 2024 **Secretary of State** 3708615432CC

Current Principal Place of Business:

800 S. DOUGLAS ROAD #1200 CORAL GABLES. FL 33134

Current Mailing Address:

ATTN: MASTEC, INC. LEGAL DEPT 800 S. DOUGLAS ROAD #1200 CORAL GABLES. FL 33134 US

FEI Number: 92-0370720 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

Authorized Person(s) Detail:

Title **AUTHORIZED MEMBER** Title

Name MASTEC WEST, LLC Name APPLE, ROBERT

Address 800 S. DOUGLAS ROAD #1200 Address 800 S. DOUGLAS ROAD #1200

City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip:

٧P VΡ Title Title

Name CHRISTIANSEN, RANDALL Name KARIAN, DAVID

Address 800 S. DOUGLAS ROAD #1200 800 S. DOUGLAS ROAD #1200 Address CORAL GABLES FL 33134 City-State-Zip:

City-State-Zip: CORAL GABLES FL 33134

Title Title **PRESIDENT**

Name MORIARTY, PETER Name MCGUIRE, ZACHARY Address 2840 FICUS STREET 800 S. DOUGLAS ROAD #1200 Address City-State-Zip: POMONA CA 91766

SECRETARY Title

City-State-Zip:

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

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

Electronic Signature of Signing Authorized Person(s) Detail

SECRETARY

MANAGER

05/01/2024 Date

Date