## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000010204

Entity Name: CYXTERA COMMUNICATIONS, LLC

**FILED** Apr 27, 2024 Secretary of State 0755586933CC

**Current Principal Place of Business:** 

2333 PONCE DE LEON BLVD., SUITE 900

CORAL GABLES. FL 33134

## **Current Mailing Address:**

2333 PONCE DE LEON BLVD., SUITE 900 SUITE 900 CORAL GABLES. FL 33134 US

FEI Number: 43-1727675 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 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:

Address

Address

City-State-Zip:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail :

**SVP & CHIEF INFORMATION** Title Title PRESIDENT AND CHIEF EXECUTIVE

SECURITY OFFICER **OFFICER** 

Name TADDEO, LEO Name FONSECA, NELSON

2333 PONCE DE LEON BLVD., SUITE Address Address 2333 PONCE DE LEON BLVD., SUITE

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

SENIOR VICE PRESIDENT AND CHIEF Title EXECUTIVE VICE PRESIDENT AND Title

CHIEF FINANCIAL OFFICER **HUMAN RELATIONS OFFICER** 

Name SAGASTA, CARLOS Name BARNETT, FRANK

2333 PONCE DE LEON BLVD., SUITE Address Address 2333 PONCE DE LEON BLVD., SUITE

900, CORAL GABLES, FL 33134

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

EXECUTIVE VICE PRESIDENT, CHIEF Title Title **MANAGER** 

LEGAL OFFICER, AND SECRETARY Name SEMAH, VICTOR SEMAH, VICTOR

Name 2333 PONCE DE LEON BLVD., SUITE Address

2333 PONCE DE LEON BLVD., SUITE 900

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

City-State-Zip:

Title **MANAGER** INC., CYXTERA DATA CENTERS, Name

Name SAGASTA, CARLOS Address 2333 PONCE DE LEON BLVD., SUITE

2333 PONCE DE LEON BLVD., SUITE

900 CORAL GABLES FL 33134 City-State-Zip:

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

Title

that my name appears above, or on an attachment with all other like empowered.

MANAGER, BY JON-MICHAEL SANCHEZ, ATTORNEY-IN-FACT

**MANAGER** 

900

04/27/2024

CORAL GABLES FL 33134

SIGNATURE: VICTOR SEMAH