

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000008261

Entity Name: KNOLOGY OF FLORIDA, LLC

Current Principal Place of Business:

7887 E. BELLEVIEW AVE., STE. 1000
ENGLEWOOD, CO 80111

Current Mailing Address:

7887 E. BELLEVIEW AVE., STE. 1000
ENGLEWOOD, CO 80111 US

FEI Number: 52-2098257

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
Name ELDER, TERESA
Address 7887 E. BELLEVIEW AVE., STE. 1000
City-State-Zip: ENGLEWOOD CO 80111

Title CEO
Name ELDER, TERESA
Address 7887 E. BELLEVIEW AVE., STE. 1000
City-State-Zip: ENGLEWOOD CO 80111

Title MGR
Name MARTIN, CRAIG
Address 7887 E. BELLEVIEW AVE., STE. 1000
City-State-Zip: ENGLEWOOD CO 80111

Title GC/S
Name MARTIN, CRAIG
Address 7887 E. BELLEVIEW AVE., STE. 1000
City-State-Zip: ENGLEWOOD CO 80111

Title TREASURER
Name REGO, JOHN
Address 7887 E. BELLEVIEW AVE., STE. 1000
City-State-Zip: ENGLEWOOD CO 80111

Title SENIOR VICE PRESIDENT
Name FORD , KATHRYN E
Address 7887 E. BELLEVIEW AVE., STE. 1000
City-State-Zip: ENGLEWOOD CO 80111

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: KATHRYN E. FORD

SVP, LEGAL AFFAIRS

07/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date