

2022 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	CEO
Name	ELDER, TERESA
Address	7887 E. BELLEVIEW AVE., STE. 1000
City-State-Zip:	ENGLEWOOD CO 80111

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

Title	SENIOR VP
Name	FORD , KATHRYN E.
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

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**SENIOR VICE PRESIDENT** 04/26/2022_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date