

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001448

Entity Name: COX COMMUNICATIONS GULF COAST, L.L.C.

Current Principal Place of Business:

6205 PEACHTREE DUNWOODY RD
ATLANTA, GA 30328

Current Mailing Address:

6205-A PEACHTREE DUNWOODY RD
ATLANTA, GA 30328 US

FEI Number: 58-2487265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name COXCOM, LLC
Address 6205 PEACHTREE DUNWOODY RD
City-State-Zip: ATLANTA GA 30328

Title VICE PRESIDENT
Name SIEGEL, REBECCA L.
Address 6205 PEACHTREE DUNWOODY RD
City-State-Zip: ATLANTA GA 30328

Title PRESIDENT
Name GREATREX, MARK J.
Address 6205 PEACHTREE DUNWOODY RD
City-State-Zip: ATLANTA GA 30328

Title VICE PRESIDENT, TREASURER
Name FRIEDMAN, MARIA L.
Address 6205 PEACHTREE DUNWOODY RD
City-State-Zip: ATLANTA GA 30328

Title VICE PRESIDENT
Name MCBRIDE, R. PERLEY
Address 6205 PEACHTREE DUNWOODY RD
City-State-Zip: ATLANTA GA 30328

Title SECRETARY
Name HIGHTOWER, JENNIFER
Address 6205 PEACHTREE DUNWOODY RD
City-State-Zip: ATLANTA GA 30328

Title ASSISTANT SECRETARY
Name AVILA, LUIS A.
Address 6205 PEACHTREE DUNWOODY RD
City-State-Zip: ATLANTA GA 30328

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: LUIS A. AVILA

ASSISTANT SECRETARY 04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date