

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000073102

**Entity Name:** MASTEC NETWORK SOLUTIONS, LLC**Current Principal Place of Business:**800 S DOUGLAS ROAD, SUITE 1200  
CORAL GABLES, FL 33134**Current Mailing Address:**800 S DOUGLAS ROAD, SUITE 1200  
CORAL GABLES, FL 33134 US**FEI Number:** 26-3078035**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 MGRM  
Name MASTEC, INC.  
Address 800 S DOUGLAS ROAD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title EVP  
Name APPLE, ROBERT  
Address 800 S DOUGLAS ROAD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name MOHAMED, RAPHAEL I  
Address 1151 SE CARY PARKWAY, SUITE 101  
City-State-Zip: CARY NC 27518

Title CFO  
Name SMITH, TODD  
Address 806 S DOUGLAS RD, SUITE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT  
Name SUAREZ, RICARDO  
Address 806 S DOUGLAS ROAD, SUITE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title VP, SECRETARY  
Name DE CARDENAS, ALBERTO  
Address 800 S DOUGLAS ROAD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name CONN, BRADLEY  
Address 806 S DOUGLAS RD, SUITE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name MACLIN, STANLEY  
Address 1975 JOE B JACKSON PKWY  
City-State-Zip: MURFREESBORO TN 37127

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*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**SECRETARY****05/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name MCCANN, DANIEL  
Address 800 S DOUGLAS RD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134  
  
Title VP  
Name DIMARCO, PAUL  
Address 800 S DOUGLAS ROAD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name ALVAREZ, PABLO  
Address 800 S DOUGLAS ROAD, SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134