

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073102

Entity Name: MASTEC NETWORK SOLUTIONS, LLC**Current Principal Place of Business:**800 S DOUGLAS ROAD, #1200
CORAL GABLES, FL 33134**Current Mailing Address:**800 S DOUGLAS ROAD, #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, #1200
City-State-Zip: CORAL GABLES FL 33134

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

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

Title PRESIDENT
Name SUAREZ, RICARDO
Address 806 S DOUGLAS ROAD, 11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name PITA, GEORGE
Address 800 S DOUGLAS ROAD, #1200
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name MOHAMED, RAPHAEL I
Address 507 AIRPORT BLVD, SUITE 111
City-State-Zip: MORRISVILLE NC 27560

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

VP AND SECRETARY

04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date