

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000251211

**Entity Name:** MASTEC CIVIL CONSTRUCTORS, LLC

**FILED**  
**Mar 20, 2023**  
**Secretary of State**  
**7710055409CC**

**Current Principal Place of Business:**

800 S. DOUGLAS ROAD  
SUITE 1200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

ATTN: MASTEC, INC LEGAL DEPT  
800 S. DOUGLAS ROAD SUITE 1200  
CORAL GABLES, FL 33134 US

**FEI Number: 84-3633488**

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

Title MGR, PRESIDENT  
Name MENDOZA, ANDRES  
Address 10790 NW 127TH STREET  
City-State-Zip: MEDLEY FL 33178

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

Title MGR, TREASURER  
Name DIMARCO, PAUL  
Address 800 S. DOUGLAS ROAD SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

*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**

**ASSISTANT SECRETARY 03/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date