

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000388819

Entity Name: MASTEC CIVIL, LLC**Current Principal Place of Business:**10790 N.W. 127TH ST
MEDLEY, FL 33178**Current Mailing Address:**MASTEC INC LEGAL DEPT
800 S DOUGLAS RD.,SUITE 1200
CORAL GABLES, FL 33178 US**FEI Number:** 65-0012669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
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, PRESIDENT
Name MENDOZA, ANDRES
Address 10790 N.W. 127TH ST
City-State-Zip: MEDLEY FL 33178

Title VP, CFO, ASSISTANT TREASURER
Name LOGIUDICE, LUCIANO
Address 10790 N.W. 127TH ST
City-State-Zip: MEDLEY FL 33178

Title VP, SECRETARY
Name MARLEY, ALLAN BRENT
Address 10790 N.W. 127TH ST
City-State-Zip: MEDLEY FL 33178

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

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

Title VP
Name VOLPI, ADRIANO
Address 10790 N.W. 127TH ST
City-State-Zip: MEDLEY FL 33178

Title TREASURER
Name DIMARCO, PAUL
Address 800 S DOUGLAS RD
#1200
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name KARIAN, DAVID
Address 800 S DOUGLAS RD STE 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

ASST. SECRETARY

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date