

2023 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:**10790 N.W. 127TH ST
MEDLEY, 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	Title	VP, CFO, ASSISTANT TREASURER
Name	MENDOZA, ANDRES	Name	LOGIUDICE, LUCIANO
Address	10790 N.W. 127TH ST	Address	10790 N.W. 127TH ST
City-State-Zip:	MEDLEY FL 33178	City-State-Zip:	MEDLEY FL 33178
Title	VP, SECRETARY	Title	ASSISTANT SECRETARY
Name	MARLEY, ALLAN BRENT	Name	DE CARDENAS, ALBERTO
Address	10790 N.W. 127TH ST	Address	800 S DOUGLAS RD #1200
City-State-Zip:	MEDLEY FL 33178	City-State-Zip:	CORAL GABLES FL 33134
Title	EVP, DIRECTOR	Title	VP
Name	APPLE, ROBERT	Name	VOLPI, ADRIANO
Address	800 S DOUGLAS RD #1200	Address	10790 N.W. 127TH ST
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MEDLEY FL 33178
Title	TREASURER	Title	VP
Name	DIMARCO, PAUL	Name	KARIAN, DAVID
Address	800 S DOUGLAS RD #1200	Address	800 S DOUGLAS RD STE 1200
City-State-Zip:	CORAL GABLES FL 33134	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****04/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date