

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000556

Entity Name: FPL FIBERNET, LLC**Current Principal Place of Business:**9250 WEST FLAGLER STREET,
MIAMI, FL 33174**Current Mailing Address:**9250 WEST FLAGLER STREET,
MIAMI, FL 33174**FEI Number:** 65-0976766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEON, J.E.
4200 WEST FLAGLER STREET
SUITE 2123
MIAMI, FL 33134 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 MEMBER
Name FPL FIBERNET HOLDINGS, LLC
Address 700 UNIVERSE BLVD.
City-State-Zip: JUNO BEACH FL 33408

Title PRESIDENT
Name PEREZ, CARMEN
Address 9250 W. FLAGLER ST.
City-State-Zip: MIAMI FL 33174

Title SECRETARY
Name SEELEY, W SCOTT
Address 700 UNIVERSE BLVD.
City-State-Zip: JUNO BEACH FL 33408

Title TREASURER
Name CUTLER, PAUL I
Address 700 UNIVERSE BLVD
City-State-Zip: JUNO BEACH FL 33408

Title SECRETARY
Name SEELEY, SCOTT
Address 700 UNIVERSE DRIVE
City-State-Zip: JUNO BEACH FL 33408

Title ASSISTANT TREASURER
Name PORTALES, ALDO
Address 700 UNIVERSE BLVD
City-State-Zip: JUNO BEACH FL 33408

Title ASSISTANT SECRETARY
Name PLOTSKY, MELISSA A
Address 700 UNIVERSE BLVD
City-State-Zip: JUNO BEACH FL 33408

Title VP, FINANCE
Name ULMAN, MATTHEW
Address 9250 WEST FLAGLER STREET,
City-State-Zip: MIAMI FL 33174

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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: MELISSA A. PLOTSKY**ASSISTANT SECRETARY** 04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	CONTROLLER
Name	WUENKER, BRUCE
Address	9250 WEST FLAGLER STREET,
City-State-Zip:	MIAMI FL 33174