

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000008296

**Entity Name:** INTREN, LLC**Current Principal Place of Business:**18202 W. UNION RD.  
UNION, IL 60180**Current Mailing Address:**ATTN: MASTEC, INC. LEGAL DEPT  
800 S DOUGLAS RD SUITE 1200  
CORAL GABLES, FL 33134 US**FEI Number:** 36-3772971**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT AND MANAGER  
Name            APPLE, ROBERT  
Address        800 S DOUGLAS RD, #1200  
City-State-Zip: CORAL GABLES FL 33134

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

Title            EVP  
Name            TURK, MATTHEW  
Address        18202 W. UNION ROAD  
City-State-Zip: UNION IL 60180

Title            VP  
Name            DIMARCO, PAUL  
Address        800 S DOUGLAS ROAD, FLR 10  
City-State-Zip: CORAL GABLES FL 33134

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

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

Title            AUTHORIZED REPRESENTATIVE  
Name            TIFFANY, ALEEN R ESQ.  
Address        282 MEMORIAL COURT  
                 SUITE B  
City-State-Zip: CRYSTAL LAKE IL 60014

*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:** ALEEN R TIFFANY**ATTORNEY****04/28/2025**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date