

### Commonwealth of Kentucky Public Service Commission

#### INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: Group F Consulting, LLC

Physical Address of Principal Office: Street: 724-905 Brickell Bay Drive  
 City: Miami State: FL Zip: 33131

Primary Contact: Name: Mark Lammert Title: Attorney-in-Fact  
 Phone: 407-260-1011 Fax: \_\_\_\_\_  
 E-Mail: regulatory@csilongwood.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Wendy Francois</u> Title: _____
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>305-684-1310</u> Fax: _____

In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Wendy Francois, on behalf of Group F Consulting, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 29 day of oct, 2023.

UTILITY: Group F Consulting, LLC

BY: [Signature]

STATE OF Florida  
 COUNTY OF Miami Dade

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 29 day of October, 2023

\_\_\_\_\_  
 NOTARY PUBLIC

My Commission Expires: 03/11/2025

