

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: RingLogix, LLC

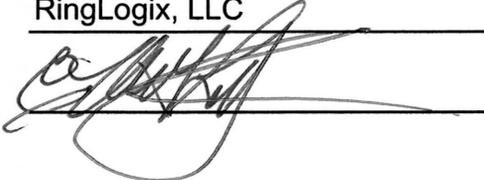
Physical Address of Principal Office: Street: 7735 NW 146 St., Suite 202
 City: Miami Lakes State: FL Zip: 33016

Primary Contact: Name: Eduardo E. Maldonado, MBA Title: Mgr. Compliance and carrier Services
 Phone: 305-800-8647 Fax: N/A
 E-Mail: emaldonado@ringlogix.com

Person Responsible for Answering Consumer Complaints:	Name: _____ Title: _____
	Address (if different from above)
	Street: <u>Same as above</u>
	City: _____ State: _____ Zip: _____
	Phone: _____ Fax: _____

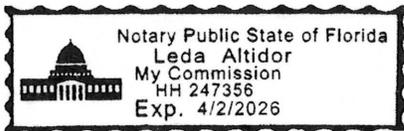
In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Mark Lammert, on behalf of RingLogix, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 5th day of March, 2025.

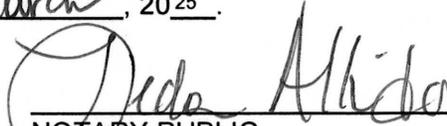
UTILITY: RingLogix, LLC

BY: 

STATE OF Florida
 COUNTY OF Seminole

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 5th day of March, 2025.




 NOTARY PUBLIC

My Commission Expires: 04/02/2026

