

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: Surf Telecom LLC

Physical Address of Principal Office: Street: 260 Crandon Blvd., Suite 32

City: Key Biscayne State: FL Zip: 33149

Primary Contact: Name: Yon Moreira da Silva Jr. Title: CEO

Phone: (561) 212-0675 Fax: _____

E-Mail: yon@surfcellular.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Fernando Schulhof</u> Title: <u>Partner</u>
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: <u>(866) 882-7873</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, Yon Moreira da Silva Jr., on behalf of Surf Telecom LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 31 day of JULY, 2024.

UTILITY: a

BY: _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 31 day of JULY, 2024.

NOTARY PUBLIC 8/7/2024

My Commission Expires: 04/21/2028

RECEIVED

**PUBLIC SERVICE
COMMISSION
OF KENTUCKY**

