

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000059679

**FILED
Oct 07, 2015
Secretary of State
CC9436605064**

Entity Name: MILLICOM INTERNATIONAL SERVICES LLC

Current Principal Place of Business:

396 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

396 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 27-0590110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WRIGHT, YVETTE
396 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, 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: YVETTE WRIGHT

10/07/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	HOULLE, RENAUD	Name	UNDA, VICTOR
Address	396 ALHAMBRA CIRCLE, 11TH FLOOR	Address	396 ALHAMBRA CIRCLE, 11TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MANAGER	Title	MANAGER
Name	KOPPEN, MICHEL	Name	SALAS-MORALES, KAREN
Address	396 ALHAMBRA CIRCLE, 11TH FLOOR	Address	396 ALHAMBRA CIRCLE, 11TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MANAGER	Title	MANAGER
Name	ESCALON, SALVADOR	Name	RAMOS, MAURICIO
Address	396 ALHAMBRA CIRCLE, 11TH FLOOR	Address	396 ALHAMBRA CIRCLE, 11TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: KAREN SALAS-MORALES

MANAGER

10/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date