

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059679

FILED
Jan 10, 2014
Secretary of State
CC3095668567

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:

SEIFART, ARMIN G.
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: ARMIN G. SEIFART

01/10/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name ZANOTTI, MARIO
Address 396 ALHAMBRA CIRCLE, 11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name HOULLE, RENAUD
Address 396 ALHAMBRA CIRCLE, 11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name UNDA, VICTOR
Address 396 ALHAMBRA CIRCLE, 11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name KOPPEN, MICHEL
Address 396 ALHAMBRA CIRCLE, 11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name SALAS-MORALES, KAREN
Address 396 ALHAMBRA CIRCLE, 11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name SEIFART, ARMIN
Address 396 ALHAMBRA CIRCLE, 11TH FLOOR
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: ARMIN G. SEIFART

**MANAGER, ASSOCIATE
GENERAL COUNSEL**

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date