

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059679

FILED
Mar 06, 2019
Secretary of State
4619143984CC

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: Yes

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

03/06/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name GUZMAN, PAOLA
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 ESCALON, SALVADOR
Address 396 ALHAMBRA CIRCLE, 11TH FLOOR

City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name RAMOS, MAURICIO
Address 396 ALHAMBRA CIRCLE, 11TH FLOOR

City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name IRIARTE, ESTEBAN
Address 396 ALHAMBRA CIRCLE, 11TH FLOOR

City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name BOBENRIETH, SUSANA
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: KAREN SALAS-MORALES

MANAGER

03/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date