

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059679

**FILED**  
**Mar 13, 2020**  
**Secretary of State**  
**5548081754CC**

**Entity Name:** MILLICOM INTERNATIONAL SERVICES LLC

**Current Principal Place of Business:**

255 GIRALDA AVENUE  
SUITE 800  
CORAL GABLES, FL 33134

**Current Mailing Address:**

255 GIRALDA AVENUE  
SUITE 800  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-0590110

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ALMEIDA, KARLA  
255 GIRALDA AVENUE  
SUITE 800  
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:** KARLA ALMEIDA

03/13/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: GUTIERREZ, LEOPOLDO  
Address: 255 GIRALDA AVENUE  
SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: SALAS-MORALES, KAREN  
Address: 255 GIRALDA AVENUE  
SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: ESCALON, SALVADOR  
Address: 255 GIRALDA AVENUE  
SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: RAMOS, MAURICIO  
Address: 255 GIRALDA AVENUE  
SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: IRIARTE, ESTEBAN  
Address: 255 GIRALDA AVENUE  
SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: BOBENRIETH, SUSANA  
Address: 255 GIRALDA AVENUE  
SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: VANHAEREN, BART  
Address: 255 GIRALDA AVENUE  
SUITE 800  
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

03/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date