

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000059679

**FILED**  
**Jun 04, 2024**  
**Secretary of State**  
**9449085196CC**

**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:** No

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

MAIORI, MARIA FLORENCIA  
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:** MARIA FLORENCIA MAIORI

06/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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: VANHAEREN, BART  
Address: 255 GIRALDA AVENUE  
SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: ROCOPLAN, XAVIER SR.  
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:** SALVADOR ESCALON

**EVP CHIEF LEGAL AND  
COMPLIANCE OFFICER**

06/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date