#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L09000059679

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

### Name and Address of Current Registered Agent:

GARCIA, MARTA 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:	MARTA GARCIA			03/30/2021
	Electronic Signature of Registered Agent			Date
Authorized Pe	erson(s) Detail :			
Title N	MANAGER	Title	MANAGER	
Name C	GUTIERREZ, LEOPOLDO	Name	SALAS-MORALES, KAREN	
	255 GIRALDA AVENUE SUITE 800	Address	255 GIRALDA AVENUE SUITE 800	
City-State-Zip: 0	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title M	MANAGER	Title	MANAGER	
Name E	ESCALON, SALVADOR	Name	RAMOS, MAURICIO	
	255 GIRALDA AVENUE SUITE 800	Address	255 GIRALDA AVENUE SUITE 800	
City-State-Zip: 0	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title M	MANAGER	Title	MANAGER	
Name I	RIARTE, ESTEBAN	Name	BOBENRIETH, SUSANA	
	255 GIRALDA AVENUE SUITE 800	Address	255 GIRALDA AVENUE SUITE 800	
City-State-Zip: 0	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title M	MANAGER			
Name \	VANHAEREN, BART			
	255 GIRALDA AVENUE SUITE 800			
City-State-Zip: C	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.

MANAGER

### SIGNATURE: KAREN SALAS-MORALES

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Mar 30, 2021 Secretary of State 4649313259CC

Certificate of Status Desired: Yes

03/30/2021 Date