

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000059679

FILED
Oct 11, 2019
Secretary of State
4948934194CC

Entity Name: MILLICOM INTERNATIONAL SERVICES LLC

Current Principal Place of Business:

255 GIRALDA STREET
SUITE 800
CORAL GABLES, FL 33134

Current Mailing Address:

255 GIRALDA STREET
SUITE 800
CORAL GABLES, FL 33134 US

FEI Number: 27-0590110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMEIDA, KARLA
255 GIRALDA STREET
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

10/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: BALLESTEROS, PAOLA
Address: 255 GIRALDA STREET
SUITE 800
City-State-Zip: CORAL GABLES FL 33134

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

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

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

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

Title: MANAGER
Name: BOBENRIETH, SUSANA
Address: 255 GIRALDA STREET
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

10/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date