

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059679

**FILED**  
**Jun 12, 2015**  
**Secretary of State**  
**CC9849970436**

**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

06/12/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: ZANOTTI, MARIO  
Address: 396 ALHAMBRA CIRCLE, 11TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: HOULLE, RENAUD  
Address: 396 ALHAMBRA CIRCLE, 11TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: UNDA, VICTOR  
Address: 396 ALHAMBRA CIRCLE, 11TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: KOPPEN, MICHEL  
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

*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

**LEGAL COUNSEL**

06/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date