

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000096159

Entity Name: MILLICOM AMERICAS LLC

Current Principal Place of Business:

396 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134

FILED
Aug 22, 2016
Secretary of State
CC0293438002

Current Mailing Address:

396 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US

FEI Number: 38-3913106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WRIGHT, YVETTE
396 ALHAMBRA CIRCLE
SUITE 1100
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

08/22/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: RAMOS, MAURICIO
Address: 396 ALHAMBRA CIRCLE
SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER
Name: HOULLE, RENAUD
Address: 396 ALHAMBRA CIRCLE
SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER
Name: SALAS-MORALES, KAREN
Address: 396 ALHAMBRA CIRCLE
SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER
Name: ESCALON, SALVADOR
Address: 396 ALHAMBRA CIRCLE
SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER
Name: LORIA, DANIEL GERARDO
Address: 396 ALHAMBRA CIRCLE
SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER
Name: IRIARTE, ESTEBAN
Address: 396 ALHAMBRA CIRCLE
SUITE 1100
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

08/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date