

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163775

**Entity Name:** MILLICOM USA HOLDINGS LLC

**Current Principal Place of Business:**

396 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

396 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134

**FEI Number:** 38-3919231

**Certificate of Status Desired:** No

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

SEIFART, ARMIN G  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ZANOTTI, MARIO  
Address 396 ALHAMBRA CIRCLE, SUITE 1100  
City-State-Zip: CORAL GABLES FL 33134

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

Title MGR  
Name UNDA, VICTOR  
Address 396 ALHAMBRA CIRCLE, SUITE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name KOPPEN, MICHEL  
Address 396 ALHAMBRA CIRCLE, SUITE 1100  
City-State-Zip: CORAL GABLES FL 33134

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

Title MGR  
Name SEIFART, ARMIN  
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:** ARMIN G. SEIFART

**MANAGER**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date