## 2019 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: Yes

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 03/06/2019

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MANAGER** Title MANAGER

Name RAMOS, MAURICIO Name GUZMAN, PAOLA

396 ALHAMBRA CIRCLE 396 ALHAMBRA CIRCLE, SUITE 1100 Address Address

**SUITE 1100** 

CORAL GABLES FL 33134 City-State-Zip: City-State-Zip: CORAL GABLES FL 33134

Title **MANAGER** Title **MANAGER** 

Name ESCALON, SALVADOR

Name SALAS-MORALES, KAREN Address 396 ALHAMBRA CIRCLE

396 ALHAMBRA CIRCLE, SUITE 1100 Address **SUITE 1100** 

CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134 City-State-Zip:

Title MANAGER Title MANAGER

Name BOBENRIETH, SUSANA IRIARTE, ESTEBAN Name 396 ALHAMBRA CIRCLE Address 396 ALHAMBRA CIRCLE Address

**SUITE 1100 SUITE 1100** 

CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134 City-State-Zip:

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** 

03/06/2019

**FILED** Mar 06, 2019

**Secretary of State** 

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