## **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006933

Entity Name: T-MOBILE SOUTH LLC

**Current Principal Place of Business:** 

12920 SE 38TH STREET BELLEVUE, WA 98006

**Current Mailing Address:** 

12920 SE 38TH STREET C/O JULIE NELSON, PARALEGAL BELLEVUE, WA 98006 US

FEI Number: 20-3945483 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Name

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **VP & ASSISTANT SECRETARY** Title SVP, DEPUTY GENERAL COUNSEL &

ASST. SECRETARY HODDER, BROADY D Name VENEZIA, LAUREN

Address 12920 SE 38TH STREET

Address 12920 SE 38TH STREET BELLEVUE WA 98006 City-State-Zip: C/O JULIE NELSON, PARALEGAL

City-State-Zip: BELLEVUE WA 98006 Title

Title SVP & CAO Name MILLER, CHRISTOPHER

Name OSVALDIK, PETER 12920 SE 38TH STREET Address C/O JULIE NELSON, PARALEGAL

12920 SE 38TH STREET Address BELLEVUE WA 98006

City-State-Zip: C/O JULIE NELSON, PARALEGAL

City-State-Zip: BELLEVUE WA 98006

Title **EVP** 

Name MCAULIFFE, ELIZABETH Title **EVP, GC & SECRETARY** 

Name MILLER, DAVID A. Address 12920 SE 38TH STREET

C/O JULIE NELSON, PARALEGAL Address 12920 SE 38TH STREET

City-State-Zip: BELLEVUE WA 98006 C/O JULIE NELSON, PARALEGAL

City-State-Zip: BELLEVUE WA 98006 Title ASST. SECRETARY

Name WILLIAMS, FREDERICK Title **EVP & CFO** 

Name CARTER, J. BRAXTON Address 12920 SE 38TH STREET

C/O JULIE NELSON, PARALEGAL Address 12920 SE 38TH STREET

City-State-Zip: BELLEVUE WA 98006 C/O JULIE NELSON, PARALEGAL

> BELLEVUE WA 98006 City-State-Zip:

Continues on page 2

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.

04/10/2019 ASST. SECRETARY SIGNATURE: DAVID E. CONROY

Electronic Signature of Signing Authorized Person(s) Detail

Date

**FILED** Apr 10, 2019

Secretary of State

1313210307CC

## **Authorized Person(s) Detail Continued:**

Title CEO Title ASST. SECRETARY Name LEGERE, JOHN J Name CONROY, DAVID E

Address 12920 SE 38TH STREET Address 12920 SE 38TH STREET C/O JULIE NELSON, PARALEGAL

City-State-Zip: BELLEVUE WA 98006

BELLEVUE WA 98006 City-State-Zip:

Title PRESIDENT AND COO Title **VP & CONTROLLER** Name SIEVERT, G. MICHAEL Name DROBAC, DANIEL Address 12920 SE 38TH STREET

Address 12920 SE 38TH STREET

City-State-Zip: BELLEVUE WA 98006 City-State-Zip: BELLEVUE WA 98006