

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004647

**FILED**  
**Mar 06, 2014**  
**Secretary of State**  
**CC5715314139**

**Entity Name:** TRILOGY INTERNATIONAL PARTNERS LLC

**Current Principal Place of Business:**

2751 EXECUTIVE PARK DRIVE, SUITE 201  
WESTON, FL 33331-3661

**Current Mailing Address:**

P.O. BOX 1988  
BELLEVUE, WA 98009 US

**FEI Number:** 20-3922481

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	STANTON, JOHN W	Name	GILLESPIE, THERESA
Address	P.O. BOX 1988	Address	P.O. BOX 1988
City-State-Zip:	BELLEVUE WA 98009	City-State-Zip:	BELLEVUE WA 98009
Title	MGR		
Name	HORWITZ, BRADLEY J		
Address	P.O. BOX 1988		
City-State-Zip:	BELLEVUE WA 98009		

*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:** BRADLEY J HORWITZ

**CEO AND PRESIDENT**

**03/06/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date