

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000059679

**FILED**  
**Aug 21, 2024**  
**Secretary of State**  
**2964113846CC**

**Entity Name:** MILLICOM INTERNATIONAL SERVICES LLC

**Current Principal Place of Business:**

8400 NW 36TH STREET.  
SUITE 530 SUITE 800  
DORAL, FL 33166

**Current Mailing Address:**

8400 NW 36TH STREET  
SUITE 530  
DORAL, FL 33166 US

**FEI Number:** 27-0590110

**Certificate of Status Desired:** Yes

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

MAIORI, MARIA FLORENCIA  
8400 NW 36TH STREET.  
SUITE 530 SUITE 800  
DORAL, FL 33166 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:** MARIA FLORENCIA MAIORI

08/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: SALAS-MORALES, KAREN  
Address: 8400 NW 36TH STREET  
SUITE 530  
City-State-Zip: DORAL FL 33166

Title: MANAGER  
Name: ESCALON, SALVADOR  
Address: 8400 NW 36TH STREET  
SUITE 530  
City-State-Zip: DORAL FL 33166

Title: MANAGER  
Name: RAMOS, MAURICIO  
Address: 8400 NW 36TH STREET  
SUITE 530  
City-State-Zip: DORAL FL 33166

Title: MANAGER  
Name: VANHAEREN, BART  
Address: 8400 NW 36TH STREET  
SUITE 530  
City-State-Zip: DORAL FL 33166

Title: MANAGER  
Name: ROCOPLAN, XAVIER SR.  
Address: 8400 NW 36TH STREET  
SUITE 530  
City-State-Zip: DORAL FL 33166

*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:** SALVADOR ESCALON

MR

08/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date