

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000386960

Entity Name: BF ODESSA, LLC**Current Principal Place of Business:**200 WEST CYPRESS CREEK RD, SUITE 220
FT. LAUDERDALE, FL 33309**Current Mailing Address:**200 WEST CYPRESS CREEK RD, SUITE 220
FT. LAUDERDALE, FL 33309 US**FEI Number:** 86-1244281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC
801 US HWY 1
NORTH PALM BEACH, FL 33408 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:** KAYLA BLACKWELL, SPECIAL SECRETARY

04/24/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BURGERFI INTERNATIONAL, LLC
Address 200 WEST CYPRESS CREEK RD,
SUITE 220
City-State-Zip: FT. LAUDERDALE FL 33309

Title AUTHORIZED REPRESENTATIVE
Name BAINES, IAN
Address 200 WEST CYPRESS CREEK RD,
SUITE 220
City-State-Zip: FT. LAUDERDALE FL 33309

Title AUTHORIZED REPRESENTATIVE
Name RENNA, PATRICK
Address 200 WEST CYPRESS CREEK RD,
SUITE 220
City-State-Zip: FT. LAUDERDALE FL 33309

Title AUTHORIZED REPRESENTATIVE
Name SCHNOPP, STEFAN
Address 200 WEST CYPRESS CREEK RD,
SUITE 220
City-State-Zip: FT. LAUDERDALE FL 33309

Title AUTHORIZED REPRESENTATIVE
Name RABINOVITCH, MICHAEL
Address 200 WEST CYPRESS CREEK RD,
SUITE 220
City-State-Zip: FT. LAUDERDALE FL 33309

Title AUTHORIZED REPRESENTATIVE
Name ZAVOLTA, MICHELLE
Address 200 WEST CYPRESS CREEK RD,
SUITE 220
City-State-Zip: FT. LAUDERDALE FL 33309

Title AUTHORIZED REPRESENTATIVE
Name BISKIN, RON
Address 200 WEST CYPRESS CREEK RD,
SUITE 220
City-State-Zip: FT. LAUDERDALE FL 33309

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: IAN BAINESAUTHORIZED
REPRESENTATIVE, BY
KAYLA BLACKWELL,
ATTORNEY-IN-FACT

04/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date