

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400009123

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**2538135413CC**

**Entity Name:** SHAKE SHACK INTERNATIONAL DRIVE ORLANDO LLC

**Current Principal Place of Business:**

C/O SHAKE SHACK ENTERPRISES LLC  
225 VARICK STREET, SUITE 301  
NEW YORK, NY 10014

**Current Mailing Address:**

C/O SHAKE SHACK ENTERPRISES LLC  
225 VARICK STREET, SUITE 301  
NEW YORK, NY 10014 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

UNITED CORPORATE SERVICES, INC.  
9200 DADELAND BLVD.  
SUITE 508  
MIAMI, FL 33156 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 AUTHORIZED REPRESENTATIVE  
Name COMONTE, TARA  
Address C/O SHAKE SHACK ENTERPRISES  
LLC  
225 VARICK STREET, SUITE 301  
City-State-Zip: NEW YORK NY 10014

Title AUTHORIZED REPRESENTATIVE  
Name GARUTTI , RANDALL  
Address C/O SHAKE SHACK ENTERPRISES  
LLC  
225 VARICK STREET, SUITE 301  
City-State-Zip: NEW YORK NY 10014

Title AUTHORIZED REPRESENTATIVE  
Name PALMESE, RONALD  
Address C/O SHAKE SHACK ENTERPRISES  
LLC  
225 VARICK STREET, SUITE 301  
City-State-Zip: NEW YORK NY 10014

*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:** RONALD PALMESE

**AUTHORIZED  
SIGNATORY**

**02/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date