

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000000050

**Entity Name:** SHAKE SHACK FLORIDA LLC

**Current Principal Place of Business:**

C/O SHAKE SHACK ENTERPRISES, LLC  
24 UNION SQUARE EAST, 5TH FL  
NEW YORK, NY 10003

**Current Mailing Address:**

C/O SHAKE SHACK ENTERPRISES, LLC  
24 UNION SQUARE EAST, 5TH FL  
NEW YORK, NY 10003 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH 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            CEO  
Name            GARUTTI, RANDALL  
Address        C/O SHAKE SHACK ENTERPRISES,  
                  LLC  
                  24 UNION SQUARE EAST, 5TH FL  
City-State-Zip: NEW YORK NY 10003

Title            CFO  
Name            COMONTE, TARA  
Address        C/O SHAKE SHACK ENTERPRISES,  
                  LLC  
                  24 UNION SQUARE EAST, 5TH FL  
City-State-Zip: NEW YORK NY 10003

Title            COO  
Name            KOFF, ZACHARY  
Address        C/O SHAKE SHACK ENTERPRISES,  
                  LLC  
                  24 UNION SQUARE EAST, 5TH FL  
City-State-Zip: NEW YORK NY 10003

*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:** RANDALL GARUTTI

**CEO**

**02/28/2018**

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

\_\_\_\_\_  
Date