

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39240

Entity Name: RESTAURANT SERVICES, INC.**Current Principal Place of Business:**5200 BLUE LAGOON DRIVE
SUITE 300
MIAMI, FL 33126**Current Mailing Address:**5200 BLUE LAGOON DRIVE
SUITE 300
MIAMI, FL 33126 US**FEI Number:** 65-0308534**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title VP
Name BURNS, MICHAEL
Address 5200 BLUE LAGOON DRIVE
SUITE 300
City-State-Zip: MIAMI FL 33126

Title CEO
Name HOFFMAN, GEORGE
Address 5200 BLUE LAGOON DRIVE
SUITE 300
City-State-Zip: MIAMI FL 33126

Title CFO
Name PATTISON, STEVE
Address 5200 BLUE LAGOON DRIVE
SUITE 300
City-State-Zip: MIAMI FL 33126

Title VP
Name MENNINGER, ANTHONY
Address 5200 BLUE LAGOON DRIVE
SUITE 300
City-State-Zip: MIAMI FL 33126

Title CAO
Name ROMERO, ELSIE
Address 5200 BLUE LAGOON DRIVE
SUITE 300
City-State-Zip: MIAMI FL 33126

Title CIO
Name DALY, CHRIS
Address 5200 BLUE LAGOON DRIVE
SUITE 300
City-State-Zip: MIAMI FL 33126

Title VP
Name BONET, LISA
Address 5200 BLUE LAGOON DRIVE
SUITE 300
City-State-Zip: MIAMI FL 33126

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELSIE ROMERO

CAO

01/14/2019

Electronic Signature of Signing Officer/Director Detail

Date