## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096464

Entity Name: BURGER KING INTERAMERICA, LLC

**Current Principal Place of Business:** 

5505 BLUE LAGOON DRIVE MIAMI. FL 33126

**Current Mailing Address:** 

5505 BLUE LAGOON DRIVE MIAMI. FL 33126

FEI Number: 59-1299022 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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:

Name

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail :

Title DIRECTOR & CEO Title EVP, CFO

Name SCHWARTZ, DANIEL Name KOBZA, JOSHUA

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title DIRECTOR, GENERAL COUNSEL & Title VP, PRINCIPAL ACCOUNTING

SECRETARY OFFICER & CONTROLLER

GRANAT, JILL Name FRIESNER, JACKIE

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title VP, ASSISTANT GENERAL COUNSEL Title EVP, CHIEF INFORMATION & PERFORMANCE OFFICER & CPO

& ASSISTANT SECRETARY PERFORMANCE OFFICER &

Name GILES-KLEIN, LISA Name GONCALVES, HEITOR

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title EVP, CHIEF MARKETING OFFICER Title VP, TAX

Name SCHWAN, AXEL Name GONZALEZ, ESTHER

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

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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: LISA GILES-KLEIN ASSISTANT SECRETARY 04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 08, 2014

Secretary of State

CC0694759779

## **Authorized Person(s) Detail Continued:**

Title TREASURER Title EVP & PRESIDENT, NORTH AMERICA

Name CACERES, BRIAN Name MACEDO, ALEXANDRE

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title EVP & PRESIDENT, EMEA

Name CIL, JOSE

Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126