2013 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:

5505 BLUE LAGOON DRIVE

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:

Address

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title **DIRECTOR & CEO** Title **DIRECTOR & CFO** HEES, BERNARDO Name Name SCHWARTZ, DANIEL

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

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

PRINCIPAL ACCOUNTING OFFICER & Title Title DIRECTOR, GENERAL COUNSEL &

SECRETARY CONTROLLER

Name FRIESNER, JACKIE GRANAT, JILL Name

5505 BLUE LAGOON DRIVE 5505 BLUE LAGOON DRIVE Address Address

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

Title **CHIEF INFORMATION &** Title **ASSISTANT GENERAL COUNSEL &** PERFORMANCE OFFICER

ASSISTANT SECRETARY

Name GONCALVES, HEITOR Name GILES-KLEIN, LISA Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126

MIAMI FL 33126 City-State-Zip:

Title VP. TAX Title CHIEF MARKETING OFFICER

Name GONZALEZ, ESTHER Name FAUGERES, FLAVIA

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

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

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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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

02/20/2013 ASSISTANT SECRETARY SIGNATURE: LISA GILES-KLEIN

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Feb 20, 2013

Secretary of State

CC2975285827

Authorized Person(s) Detail Continued:

Title TREASURER

Name CACERES, BRIAN

Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126