

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096464

Entity Name: BURGER KING INTERAMERICA, LLC**Current Principal Place of Business:**5707 BLUE LAGOON DRIVE
MIAMI, FL 33126**Current Mailing Address:**5707 BLUE LAGOON DRIVE
MIAMI, FL 33126 US**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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name FINAZZO, CHRIS
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title SECRETARY
Name TOME, VICENTE
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title CONTROLLER AND CHIEF
 ACCOUNTING OFFICER
Name FRIESNER, JACQUELINE
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title CFO
Name DUNNIGAN, MATTHEW
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title HEAD OF FINANCE
Name MAIA, LUIS
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title HEAD OF TAX
Name SCHICHTEL, MARK
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title ASSISTANT SECRETARY
Name GONZALEZ, ESTHER
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title TREASURER
Name MONTINI, FLAVIO
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

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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: MICHELE KEUSCH**ASSISTANT SECRETARY 04/28/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name GRANAT, JILL
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title ASST. SECRETARY
Name KEUSCH, MICHELE
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title HEAD, TAX PROVISIONING
Name BOMAR, JIM
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title ASST. SECRETARY
Name DOMANKO, JON
Address 130 KING STREET WEST
EXCHANGE TOWER, 3RD FLOOR
City-State-Zip: TORONTO ONTARIO M5X 1E1