

**2018 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR & ASSISTANT  
SECRETARY  
Name GILES-KLEIN, LISA  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR & SECRETARY  
Name TOME, VICENTE  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title CFO  
Name DUNNIGAN, MATTHEW  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title HEAD OF TAX  
Name SCHICHTEL, MARK  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR & PRESIDENT  
Name CIL, JOSE  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title SVP, CONTROLLER AND CHIEF  
ACCOUNTING OFFICER  
Name FRIESNER, JACQUELINE  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title SR. DIRECTOR, FINANCE  
Name ALTMANN, GEORGE  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title VP, TAX  
Name GONZALEZ, ESTHER  
Address 5505 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:** LISA GILES-KLEIN**DIRECTOR & ASSISTANT 04/24/2018  
SECRETARY**

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title           TREASURER  
Name           MONTINI, FLAVIO  
Address        5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           ASSISTANT TREASURER  
Name           BRIGLEB, CHRIS  
Address        226 WYECROFT ROAD  
City-State-Zip: OAKVILLE ONTARIO L6K 3X7