

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000194661

Entity Name: RESTAURANT BRANDS INTERNATIONAL US SERVICES LLC

FILED
Apr 10, 2025
Secretary of State
8994382198CC

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: 81-4290921

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: MARIA T. CHAMBERS

04/10/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, CFO
Name SIDDIQUI, SAMI
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

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

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

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

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

Title CHIEF TAX OFFICER
Name MORA, ROLANDO
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title TREASURER
Name THUNG, MAX
Address 130 KING STREET WEST, STE. 300
City-State-Zip: TORONTO ON M5X 1E1

Title ASST. SECRETARY
Name DOMANKO, JON
Address 130 KING STREET WEST, STE. 300
City-State-Zip: TORONTO ON M5X 1E1

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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 04/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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