

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000194661

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**3753611490CC**

**Entity Name:** RESTAURANT BRANDS INTERNATIONAL US SERVICES 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:** 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

04/16/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR & ASSISTANT SECRETARY  
Name GILES-KLEIN, LISA  
Address 5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

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

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

Title PRESIDENT & CEO  
Name CIL, JOSE  
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 TREASURER  
Name MONTINI, FLAVIO  
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 CHIEF ACCOUNTING OFFICER  
Name FRIESNER, JACQUELINE  
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:** LISA GILES-KLEIN

**DIRECTOR & ASSISTANT SECRETARY** 04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

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