

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000194661

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

**FILED**  
**Apr 28, 2021**  
**Secretary of State**  
**5305476503CC**

**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**

**04/28/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title ASSISTANT SECRETARY  
Name GONZALEZ, ESTHER  
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            DIRECTOR, ASSISTANT SECRETARY  
Name            KEUSCH, MICHELE  
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