

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006484

Entity Name: TACO BELL OF AMERICA, LLC**Current Principal Place of Business:**1 GLEN BELL WAY
IRVINE, CA 92618**Current Mailing Address:**1 GLEN BELL WAY
IRVINE, CA 92618**FEI Number:** 33-0777005**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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------|-----------------|---------------------|
| Title | MGR | Title | ASST. SECRETARY |
| Name | YUM! BRANDS INC. | Name | ENDERT, KERRY |
| Address | 1441 GARDINER LANE | Address | 1 GLEN BELL WAY |
| City-State-Zip: | LOUISVILLE KY 40213 | City-State-Zip: | IRVINE CA 92618 |
| | | | |
| Title | ASST. SECRETARY | Title | PRESIDENT |
| Name | HAYDEN, ERIC | Name | GRAMS, MIKE |
| Address | 1 GLEN BELL WAY | Address | 1 GLEN BELL WAY |
| City-State-Zip: | IRVINE CA 92618 | City-State-Zip: | IRVINE CA 92618 |
| | | | |
| Title | VP | Title | ATTORNEY IN FACT |
| Name | SHAW, MATT | Name | HERMAN, STEVEN |
| Address | 1 GLEN BELL WAY | Address | 1 GLEN BELL WAY |
| City-State-Zip: | IRVINE CA 92618 | City-State-Zip: | IRVINE CA 92618 |
| | | | |
| Title | ASSISTANT SECRETARY | Title | ASSISTANT SECRETARY |
| Name | DE LA ROSA, KRISTINA | Name | CROW, SARAH |
| Address | 1 GLEN BELL WAY | Address | 1 GLEN BELL WAY |
| City-State-Zip: | IRVINE CA 92618 | City-State-Zip: | IRVINE CA 92618 |

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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: DAWN BEATTY**ANALYST (PARALEGAL)****01/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

| | |
|-----------------|---------------------------|
| Title | ASSISTANT SECRETARY |
| Name | ROGERS, PAT |
| Address | 1900 COLONEL SANDERS LANE |
| City-State-Zip: | LOUISVILLE KY 40213 |