

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000009968

**Entity Name:** BOJANGLES OPCO, LLC

**Current Principal Place of Business:**

9432 SOUTHERN PINE BLVD.  
CHARLOTTE, NC 28273-5553

**Current Mailing Address:**

9432 SOUTHERN PINE BLVD.  
CHARLOTTE, NC 28273-5553 US

**FEI Number:** 85-2777539

**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 MBR  
Name BOJANGLES ISSUER, LLC  
Address 9432 SOUTHERN PINE BLVD.  
City-State-Zip: CHARLOTTE NC 28273-5553

Title CHIEF LEGAL OFFICER, SECRETARY & COMPLIANCE OFFICER  
Name ROBERTS, LAURA  
Address 9432 SOUTHERN PINE BLVD.  
City-State-Zip: CHARLOTTE NC 28273-5553

Title COO  
Name WHITAKER, DAVID  
Address 9432 SOUTHERN PINE BLVD.  
City-State-Zip: CHARLOTTE NC 28273-5553

Title CEO, PRESIDENT  
Name ARMARIO, JOSE  
Address 9432 SOUTHERN PINE BLVD.  
City-State-Zip: CHARLOTTE NC 28273-5553

Title CHIEF FINANCIAL OFFICER AND TREASURER  
Name STEWART, REESE  
Address 9432 SOUTHERN PINE BLVD.  
City-State-Zip: CHARLOTTE NC 28273-5553

Title VP, DEVELOPMENT  
Name EMORY, GINNY  
Address 9432 SOUTHERN PINE BLVD.  
City-State-Zip: CHARLOTTE NC 28273-5553

Title CHIEF RESTAURANT SUPPORT OFFICER  
Name KOZIOL, KENNETH  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273

Title CHIEF MARKETING AND COMMERCIAL INNOVATION OFFICER  
Name BOLAND, TOM  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273

**Continues on page 2**

*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:** LAURA ROBERTS

**CHIEF LEGAL OFFICER**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

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

Title VP, COMMUNICATIONS  
Name MCCRAY, STACEY  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273

Title CHIEF INFORMATION OFFICER  
Name DEL VALLE, RICHARD  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273

Title VP, FRANCHISE OPERATIONS  
Name GARCIA, ROBERT  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273

Title VP, GROWTH  
Name HALPIN, PATRICIA  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273

Title VP, FINANCE  
Name VIGNESS, KEITH  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273

Title VP, BUSINESS & CONSUMER INSIGHTS  
Name WIESENBERGER, DEBRA  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273

Title VP, MENU AND CULINARY INNOVATION  
Name SCARBOROUGH, MARSHALL  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273

Title VP, PEOPLE AND CULTURE  
Name CHASE, CATHY  
Address 9432 SOUTHERN PINE BLVD  
City-State-Zip: CHARLOTTE NC 28273