

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P39240

**Entity Name:** RESTAURANT SERVICES, INC.

**Current Principal Place of Business:**

5200 BLUE LAGOON DRIVE  
SUITE 300  
MIAMI, FL 33126

**Current Mailing Address:**

5200 BLUE LAGOON DRIVE  
SUITE 300  
MIAMI, FL 33126 US

**FEI Number:** 65-0308534

**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

**Officer/Director Detail :**

Title CEO  
Name NEIKIRK, JOEL  
Address 5200 BLUE LAGOON DRIVE  
SUITE 300  
City-State-Zip: MIAMI FL 33126

Title CFO  
Name WEBSTER, PATRICK  
Address 5200 BLUE LAGOON DRIVE  
SUITE 300  
City-State-Zip: MIAMI FL 33126

Title CHIEF LEGAL OFFICER  
Name TRAFTON, ROCHELLE  
Address 5200 BLUE LAGOON DRIVE  
SUITE 300  
City-State-Zip: MIAMI FL 33126

Title CIO  
Name DALY, CHRIS  
Address 5200 BLUE LAGOON DRIVE  
SUITE 300  
City-State-Zip: MIAMI FL 33126

Title VP  
Name BONET, LISA  
Address 5200 BLUE LAGOON DRIVE  
SUITE 300  
City-State-Zip: MIAMI FL 33126

Title VP  
Name SUTTON, JOHN  
Address 5200 BLUE LAGOON DRIVE  
SUITE 300  
City-State-Zip: MIAMI FL 33126

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROCHELLE TRAFTON

CLO

02/16/2022

Electronic Signature of Signing Officer/Director Detail

Date