

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000363731

**Entity Name:** BF ORLANDO-DR. PHILLIPS, LLC

**Current Principal Place of Business:**

200 WEST CYPRESS CREEK RD, SUITE 220  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

200 WEST CYPRESS CREEK RD, SUITE 220  
FT. LAUDERDALE, FL 33309 US

**FEI Number:** 86-1179684

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

**FILED**  
**Apr 24, 2022**  
**Secretary of State**  
**6598610545CC**

*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:** KAYLA BLACKWELL, SPECIAL SECRETARY

04/24/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	BURGERFI INTERNATIONAL, LLC	Name	BAINES, IAN
Address	200 WEST CYPRESS CREEK RD, SUITE 220	Address	200 WEST CYPRESS CREEK RD, SUITE 220
City-State-Zip:	FT. LAUDERDALE FL 33309	City-State-Zip:	FT. LAUDERDALE FL 33309
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	RENNA, PATRICK	Name	SCHNOPP, STEFAN
Address	200 WEST CYPRESS CREEK RD, SUITE 220	Address	200 WEST CYPRESS CREEK RD, SUITE 220
City-State-Zip:	FT. LAUDERDALE FL 33309	City-State-Zip:	FT. LAUDERDALE FL 33309
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	RABINOVITCH, MICHAEL	Name	ZAVOLTA, MICHELLE
Address	200 WEST CYPRESS CREEK RD, SUITE 220	Address	200 WEST CYPRESS CREEK RD, SUITE 220
City-State-Zip:	FT. LAUDERDALE FL 33309	City-State-Zip:	FT. LAUDERDALE FL 33309
Title	AUTHORIZED REPRESENTATIVE		
Name	BISKIN, RON		
Address	200 WEST CYPRESS CREEK RD, SUITE 220		
City-State-Zip:	FT. LAUDERDALE FL 33309		

*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:** IAN BAINES

**AUTHORIZED  
REPRESENTATIVE, BY  
KAYLA BLACKWELL,  
ATTORNEY-IN-FACT**

04/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date