

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000156416

**Entity Name:** MIAMI BEER VENTURES LLC

**Current Principal Place of Business:**

55 NW 25TH ST  
MIAMI, FL 33127

**Current Mailing Address:**

ONE BUSCH PLACE  
ST. LOUIS, MO 63118 US

**FEI Number:** 46-4065656

**Certificate of Status Desired:** No

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

GARCIA, JAVIER  
55 NW 25TH ST  
MIAMI, FL 33127 US

**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**1306104303CC**

*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           MANAGER  
Name           HENDRICKSON, MARSHALL  
Address        125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

Title           MANAGER, PRESIDENT, CEO  
Name           BURGER, MAX A  
Address        125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

Title           SECRETARY, MANAGER  
Name           LARSON, THOMAS  
Address        ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118

Title           MANAGER  
Name           MICHAELIS, MARCELO  
Address        125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

Title           VP  
Name           COX , CHRIS  
Address        125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

Title           VP  
Name           COX, JEREMY  
Address        125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

Title           ASST. SECRETARY  
Name           STRAUB, CHARLES W  
Address        ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118

Title           ASST. SECRETARY  
Name           THOMAS, LYDIA A  
Address        ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118

**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:** BETTY MARCELINO

**VICE PRESIDENT**

**04/26/2021**

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

\_\_\_\_\_  
Date

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

Title ASST S  
Name DAVIDOVITS, TODD  
Address ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118

Title CFO/VP/T  
Name GILBERTSON, MATTHEW  
Address ONE BUSCH PLACE  
City-State-Zip: ST LOUIS MO 63118

Title VP  
Name MCKENZIE, DAVID  
Address 125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

Title VP  
Name MARCELINO, BETTY  
Address 125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

Title ASST. SECRETARY  
Name WEAS, TOBIAS  
Address ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118

Title VP, ASST. TREASURER  
Name DUCKWORTH, MICHAEL  
Address ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118