## 2018 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

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

FILED Apr 25, 2018

Secretary of State

CC3935757183

Authorized Person(s) Detail:

Title MANAGER Title MANAGER, PRESIDENT, CEO

NameHENDRICKSON, MARSHALLNameBURGER, MAX AAddress125 W 24TH STREETAddress125 W 24TH STREETCity-State-Zip:NEW YORK NY 10011City-State-Zip:NEW YORK NY 10011

Title SECRETARY, MANAGER Title MANAGER

 Name
 LARSON, THOMAS
 Name
 SZPIGEL, FELIPE

 Address
 ONE BUSCH PLACE
 Address
 125 W 24TH STREET

 City-State-Zip:
 ST. LOUIS MO 63118
 City-State-Zip: NEW YORK NY 10011

Title VP Title VP

Name COX, CHRIS Name COX, JEREMY

Address 125 W 24TH STREET Address 125 W 24TH STREET

City-State-Zip: NEW YORK NY 10011

City-State-Zip: NEW YORK NY 10011

Title ASST. SECRETARY Title VP

NameSTRAUB, CHARLES WNameTAPPANA, GARY WAddressONE BUSCH PLACEAddress125 W 24TH STREETCity-State-Zip:ST. LOUIS MO 63118City-State-Zip:NEW YORK NY 10011

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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: GARY W TAPPANA VICE PRESIDENT 04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

## Authorized Person(s) Detail Continued:

Title ASST. SECRETARY Title ASST T

Name THOMAS, LYDIA A Name LOPEZ, NAOMI

Address ONE BUSCH PLACE Address ONE BUSCH PLACE

City-State-Zip: ST. LOUIS MO 63118

City-State-Zip: ST. LOUIS MO 63118

Title ASST S Title ASST S

NameDAVIDOVITS, TODDNameROE, JEREMY MAddressONE BUSCH PLACEAddressONE BUSCH PLACECity-State-Zip:ST. LOUIS MO 63118City-State-Zip:ST LOUIS MO 63118

Title VP Title CFO/VP/T

NameTAYLOR, MICHAEL RNameGILBERTSON, MATTHEWAddress125 W 24TH STREETAddressONE BUSCH PLACE

City-State-Zip: NEW YORK NY 10011 City-State-Zip: ST LOUIS MO 63118