

2019 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 18, 2019
Secretary of State
4336520378CC

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 VP
Name LOPEZ, NAOMI
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

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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: NAOMI LOPEZ

VICE PRESIDENT

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

Title VP
Name GERJOI, ISABELA
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 ASST T
Name LOPEZ, NAOMI
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title ASST S
Name ROE, JEREMY M
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