

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000145154

Entity Name: WYNWOOD BREWING COMPANY LLC**Current Principal Place of Business:**ONE BUSCH PLACE
ST. LOUIS, MO 63118**Current Mailing Address:**ONE BUSCH PLACE
ST. LOUIS, MO 63118 US**FEI Number:** 27-5016453**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 S PINE ISLAND RD
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

Authorized Person(s) Detail :

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

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

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

Title VP
Name DIXON, BRYAN
Address ONE BUSCH PL
City-State-Zip: ST LOUIS MO 63118

Title VP
Name THARAEPARAMBIL, ROBERT
Address ONE BUSCH PL
City-State-Zip: ST LOUIS MO 63118

Title P
Name THOMAS, ANDREW
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: ROBERT THARAEPARAMBIL**VICE PRESIDENT****04/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name COHN, ERIKA
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title VICE PRESIDENT, TREASURER
Name PRESTON, DANIEL
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

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

Title SECRETARY, DIRECTOR
Name MATHIS, JAMES
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

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