## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000009415

Entity Name: BREAKTHRU BEVERAGE GROUP, LLC

**Current Principal Place of Business:** 

60 EAST 42ND ST, STE. 1915 NEW YORK. NY 10165

**Current Mailing Address:** 

60 EAST 42ND ST, STE. 1915 NEW YORK, NY 10165 US

FEI Number: 35-2545107 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Mar 12, 2023

**Secretary of State** 

2361475539CC

Authorized Person(s) Detail :

Title MGR Title MGR

Name MERINOFF, CHARLES Name CRISSES, ANDREW M

Address 4980 WINDHAM HILL RD Address 8 COW LANE

City-State-Zip: WINDHAM VT 05359 City-State-Zip: KINGS POINT NY 11024

Title MGR Title MGR

Name DAVOLIO, JOSEPH F Name OBERNAUER, MARNE JR.

Address 2039 CHESAPEAKE RD. Address 6 CHERRY HILLS DRIVE

City-State-Zip: ANNAPOLIS MD 21409 City-State-Zip: CHERRY HILLS VILLAGE CO 80113

Title MGR Title MGR

Name WIRTZ, WILLIAM R Name WIRTZ, DANIEL R

Address 97 INDIAN HILL ROAD Address 2039 WEST CORTEZ ST.

City-State-Zip: WINNETKA IL 60093 City-State-Zip: CHICAGO IL 60622

Title MGR Title MGR

NameWIRTZ, ARTHUR MNameMILLER, JOHN AAddress3 HENNEBERRY LANEAddress1235 WESTMOORCity-State-Zip:GOLF IL 60029City-State-Zip:WINNETKA IL 60009

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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: CHARLES MERINOFF

MANAGER

03/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title MANAGER Title MANAGER

Name STONE, CHAD M. Name ONUFRYCHUK, JACOB P.

Address 18 CORNWELLS BEACH ROAD Address 145 JUDSON AVENUE

City-State-Zip: SANDS POINT NY 11050 City-State-Zip: DOBBS FERRY NY 10522

Title MANAGER Title MANAGER

Name ONUFRYCHUK, BRIAN D. Name JONES, JILL A.

Address 2117 WHIPPOORWILL ROAD Address 7801 CUNNINGHAM SARLES ROAD

City-State-Zip: VIENNA VA 22181 City-State-Zip: BORDEN IN 47106