

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500009415

**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

**Authorized Person(s) Detail :**

Title MGR  
Name MERINOFF, CHARLES  
Address 317 MASSACHUSETTS AVE.  
City-State-Zip: HAWORTH NJ 07641

Title MGR  
Name CRISSES, ANDREW M  
Address 8 COW LANE  
City-State-Zip: KINGS POINT NY 11024

Title MGR  
Name DAVOLIO, JOSEPH F  
Address 2039 CHESAPEAKE RD.  
City-State-Zip: ANNAPOLIS MD 21409

Title MGR  
Name OBERNAUER, MARNE JR.  
Address 6 CHERRY HILLS DRIVE  
City-State-Zip: CHERRY HILLS VILLAGE CO 80113

Title MGR  
Name WIRTZ, WILLIAM R  
Address 97 INDIAN HILL ROAD  
City-State-Zip: WINNETKA IL 60093

Title MGR  
Name WIRTZ, DANIEL R  
Address 2039 WEST CORTEZ ST.  
City-State-Zip: CHICAGO IL 60622

Title MGR  
Name WIRTZ, ARTHUR M  
Address 3 HENNEBERRY LANE  
City-State-Zip: GOLF IL 60029

Title MGR  
Name MILLER, JOHN A  
Address 1235 WESTMOOR  
City-State-Zip: WINNETKA IL 60009

**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: CHARLES MERINOFF**

**MANAGER**

**03/09/2021**

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

\_\_\_\_\_  
Date

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

Title MGR  
Name LABORDE, JEAN-MARIE  
Address 1682 AVENUE FORTUNE FERRINI  
13080 AIX EN PROVENCE  
City-State-Zip: PROVENCE

Title MANAGER  
Name ONUFRYCHUK, JACOB P.  
Address 150 HARVARD DRIVE  
City-State-Zip: HARTSDALE NY 10530

Title MANAGER  
Name JONES, JILL A.  
Address 7502 BORDEN ROAD  
City-State-Zip: GREENVILLE IN 47124

Title MANAGER  
Name STONE, CHAD M.  
Address 18 CORNWELLS BEACH ROAD  
City-State-Zip: SANDS POINT NY 11050

Title MANAGER  
Name ONUFRYCHUK, BRIAN D.  
Address 400 SURREY LANE, SE  
City-State-Zip: VIENNA VA 22180