2022 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 Apr 17, 2022

Secretary of State

6220474246CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name MERINOFF, CHARLES Name CRISSES, ANDREW M

Address 317 MASSACHUSETTS AVE. Address 8 COW LANE

City-State-Zip: HAWORTH NJ 07641 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

04/17/2022

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 145 JUDSON AVENUE

City-State-Zip: DOBBS FERRY NY 10522

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 2117 WHIPPOORWILL ROAD

City-State-Zip: VIENNA VA 22181