2024 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

FILED Apr 16, 2024

Secretary of State

3660447815CC

Authorized Person(s) Detail :

Title VP, ASST. TREASURER Title VΡ

DUCKWORTH, MICHAEL Name Name MCKENZIE, DAVID Address ONE BUSCH PLACE Address 125 W 24TH STREET City-State-Zip: NEW YORK NY 10011 ST. LOUIS MO 63118 City-State-Zip:

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

Title VΡ \/P Title

Name THARAEPARAMBIL, ROBERT Name DIXON, BRYAN

Address ONE BUSCH PL ONE BUSCH PL Address

City-State-Zip: ST LOUIS MO 63118 City-State-Zip: ST LOUIS MO 63118

Title ASSISTANT SECRETARY Title

Name COHN, ERIKA THOMAS, ANDREW Name

ONE BUSCH PLACE Address ONE BUSCH PLACE Address City-State-Zip: ST. LOUIS MO 63118

ST LOUIS MO 63118 City-State-Zip:

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: ROBERT THARAEPARAMBIL

VICE PRESIDENT

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title SECRETARY, DIRECTOR Title VICE PRESIDENT, TREASURER

NameMATHIS, JAMESNamePRESTON, DANIELAddressONE BUSCH PLACEAddressONE BUSCH PLACECity-State-Zip:ST. LOUIS MO 63118City-State-Zip:ST. LOUIS MO 63118

Title ASST. SECRETARY Title VP

NameJUDD, KENNameLEVINE, ROBERTAddressONE BUSCH PLACEAddress125 W 24TH STREET

City-State-Zip: ST. LOUIS MO 63118 City-State-Zip: NEW YORK NY 10011

Title AMBR

Name CRAFT BREW ALLIANCE, INC

Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118