

2021 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 SECRETARY, MANAGER
Name LARSON, THOMAS
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title PRESIDENT
Name MICHAELIS, MARCELO
Address 125 W 24TH STREET
City-State-Zip: NEW YORK NY 10011

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

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

Title VP, TREASURER
Name GILBERTSON, MATT
Address 125 W 24TH STREET
City-State-Zip: NEW YORK NY 10011

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

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

Title CFO
Name PERICH, CHRISTINE N
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: BETTY MARCELINO

VICE PRESIDENT

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title ASST. SECRETARY
Name THOMAS, LYDIA A
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