

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002672

Entity Name: ABSOLUT ELYX SPIRITS USA LLC**Current Principal Place of Business:**2003 LA BREA TERRACE
LOS ANGELES, CA 90046**Current Mailing Address:**250 PARK AVENUE
17TH FLOOR
NEW YORK, NY 10177 US**FEI Number:** 27-2762466**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 SECRETARY
Name MAYERS, SHARON
Address 2072 RIVERSIDE DRIVE EAST
City-State-Zip: WINDSOR ONTARIO N8Y 4S5

Title TREASURER
Name MOYNAHAN, STEVE
Address 2072 RIVERSIDE DRIVE EAST
City-State-Zip: WINDSOR ONTARIO N8Y 4S5

Title MANAGER, PRESIDENT
Name MUKHERJEE, ANN
Address 250 PARK AVENUE
17TH FLOOR
City-State-Zip: NEW YORK NY 10177

Title ASST. TREASURER
Name TSANG, DIANNA
Address 2072 RIVERSIDE DRIVE E
City-State-Zip: WINDSOR ON N8Y 4S5

Title ASSISTANT SECRETARY
Name CHEN, CINDY
Address 250 PARK AVENUE
17TH FLOOR
City-State-Zip: NEW YORK NY 10177

Title ASST. TREASURER
Name GREENHAM, MELISSA
Address 2072 RIVERSIDE DRIVE E
City-State-Zip: WINDSOR ON N8Y 4S5

Title ASST. TREASURER
Name COWPER, TRICIA
Address 2072 RIVERSIDE DRIVE E
City-State-Zip: WINDSOR ON N8Y 4S5

Title MANAGER
Name CHEVLIN, BRIAN
Address 250 PARK AVENUE
17TH FLOOR
City-State-Zip: NEW YORK NY 10177

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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: SHARON MAYERS**SECRETARY****04/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER, CFO
Name	TURPIN, VINCENT
Address	250 PARK AVENUE 17TH FLOOR
City-State-Zip:	NEW YORK NY 10177