

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002672

Entity Name: ABSOLUT ELYX SPIRITS USA LLC**Current Principal Place of Business:**400 W 14TH STREET
NEW YORK, NY 10014**Current Mailing Address:**PERNOD RICARD USA LEGAL DEPARTMENT
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	MGR
Name	TAHLIN, JONAS
Address	250 PARK AVE. 17TH FLOOR
City-State-Zip:	NEW YORK NY 10177

Title	ASST. TREASURER
Name	ZALEWSKI, STEVEN
Address	PERNOD RICARD USA 100 MANHATTANVILLE ROAD
City-State-Zip:	PURCHASE NY 10577

Title	ASSISTANT SECRETARY
Name	CHEN, CINDY
Address	PERNOD RICARD USA LEGAL DEPARTMENT 250 PARK AVENUE
City-State-Zip:	NEW YORK NY 10177

Title	SECRETARY
Name	MAYERS, SHARON
Address	2072 RIVERSIDE DRIVE EAST
City-State-Zip:	WINDSOR N8Y 4S5

Title	TREASURER
Name	GEMMA, JOHN
Address	100 MANHATTANVILLE ROAD
City-State-Zip:	PURCHASE NY 10577

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

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****04/13/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date