

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L04000090556

1. Entity Name

ATHENA FUNDING GROUP ASSETS, LLC



Principal Place of Business

**5035 EAST BUSCH BLVD., SUITE #5
TAMPA, FL 33617**

Mailing Address

**5035 EAST BUSCH BLVD., SUITE #5
TAMPA, FL 33617**



02052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

27-0110638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEINARD, MICHAEL
5035 EAST BUSCH BLVD., SUITE #5
TAMPA, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WEINARD, MICHAEL J
5035 EAST BUSCH BLVD., SUITE #5
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHMITZ, ROBERT J
5035 EAST BUSCH BLVD., SUITE #5
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/03/08-80024-013-138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michael J Weinard MgrM 3/2/08 213-987-9500