

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000225578

**Entity Name:** THE ANDERSONS MARATHON HOLDINGS LLC**Current Principal Place of Business:**1947 BRIARFIELD BLVD.  
MAUMEE, OH 43537**Current Mailing Address:**1947 BRIARFIELD BLVD.  
MAUMEE, OH 43537 US**FEI Number: 84-1867388****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND  
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 BOARD REPRESENTATIVE  
Name FLETCHER, ANTHONY M  
Address 1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title FINANCE COMMITTEE  
Name HARRINGTON, MATT  
Address 1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title AUDIT COMMITTEE  
Name FLETCHER, ANTHONY M  
Address 1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title INSURANCE COMMITTEE  
Name GERKEN, JANET  
Address 1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title BOARD REPRESENTATIVE  
Name PIROLI, JIM  
Address 1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title BOARD REPRESENTATIVE  
Name HARRIS, ROD  
Address 1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title AUDIT COMMITTEE  
Name HOELTER, MICHAEL T.  
Address 1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title FINANCE COMMITTEE  
Name CRAIG, LISA  
Address 1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

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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: MICHAEL T. HOELTER****AUDIT COMMITTEE****04/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           BOARD REPRESENTATIVE  
Name           WALZ, BRIAN  
Address        1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title           BOARD REPRESENTATIVE  
Name           KRUEGER, WILLIAM  
Address        1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title           BOARD REPRESENTATIVE  
Name           KREINBRINK, BRIAN R  
Address        1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title           INSURANCE COMMITTEE  
Name           GELETKA, AMANDA  
Address        1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537

Title           BOARD REPRESENTATIVE  
Name           MARTIN, PAUL A  
Address        1947 BRIARFIELD BLVD.  
City-State-Zip: MAUMEE OH 43537