

2024 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 FINANCE COMMITTEE
Name HARRINGTON, MATT
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 FINANCE COMMITTEE
Name CRAIG, LISA
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 AUDIT COMMITTEE
Name FENNIG, SAM J
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 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

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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: BRIAN WALZ

REPRESENTATIVE

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

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

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