

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2007 08:00 A
Secretary of State

DOCUMENT # L04000067413

1. Entity Name
US MARATHON, LLC



Principal Place of Business
10923 NW 18TH PLACE
PLANTATION, FL 33322

Mailing Address
10923 NW 18TH PLACE
PLANTATION, FL 33322



05212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1619945

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E. DANIA BEACH BLVD STE. 202
DANIA, FL 33004

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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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONDRILLE, FRANK 10923 NW 18TH PLACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DROGOUL-MEEHL, ANNE C 3684 NW 95TH TER SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOCQUET, BERTILLE 10923 NW 18TH PLACE PLANTATION, FL 33322
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06/01/07-80012-004 50.00

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IN THIS SPACE**

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

5/30/07
Date

Daytime Phone # _____