

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 22, 2008 8:00 am
Secretary of State

04-15-2008 90116 019 ***138.75

DOCUMENT # L08000000771 1. Entity Name MARATHON FINANCIAL SERVICES, LLC					
Principal Place of Business 3201 SAN BERNARDINO STREET CLEARWATER FL 33759			Mailing Address PO BOX 582 SAFETY HARBOR FL 34695		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip: Country		City & State Zip: Country		4. FEI Number Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/07)	
6. Name and Address of Current Registered Agent HERSH, ROBERT L 3201 SAN BERNARDINO STREET CLEARWATER FL 33759			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent is required to sign this statement) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERSH, ROBERT 3201 SAN BERNARDINO STREET CLEARWATER FL 33759	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERSH, RICHARD E 4861 NW 2 CT BOCA RATON FL 33431	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HERSH, DANIEL W 2345 WINDWAY LANE VIRGINIA BEACH VA 23455	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 3/31/08 (727) 4884500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					