2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L05000008552

Entity Name: ARROW DYNAMICS SERVICES, LLC

Current Principal Place of Business:

1671 NW 144TH TERRACE
STE 105
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1671 NW 144TH TERRACE
STE 105
SUNRISE, FL 33323

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRUCHT, NIR
1671 NW 144TH TERRACE
STE 105
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FRUCT, NIR
Address: 1671 NW 144TH TERRACE, STE 105
City-St-Zip: SUNSRISE, FL 33323 US

Title: MGRM ( ) Delete
Name: BERNSTEIN, CARLA R
Address: 1671 NW 144TH TERRACE
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRUCHT, NIR
Address: 1671 NW 144TH TERRACE, STE 105
City-St-Zip: SUNSRISE, FL 33323 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NIR FRUCHT MGRM 01/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date