2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

04-07-2008 90236 015 ***138.75

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04022008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M07000000488

1. Entity Name:
ARLINGTON ABSTRACT, LLC

Principal Place of Business	Mailing Address
205 SOUTH AVENUE POUGHKEEPSIE, NY 12601	205 SOUTH AVENUE POUGHKEEPSIE, NY 12601

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
327-329 Main Street		327-329 Main Street	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: Poughkeepsie, NY		City & State: Poughkeepsie, NY	
Zip: 12601	Country: USA	Zip: 12601	Country: USA

4. FEI Number: 20-0509250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARLSON, DONNA 3734 WINDMAKER WAY JACKSONVILLE, FL 32224	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 Donna Carlson 4-2-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGR WALKER, NANCEY E C/O 205 SOUTH AVENUE POUGHKEEPSIE, NY 12601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Walker, Nancey E 327-329 Main St., Poughkeepsie, NY ~~12601~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/2/08 845-454-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #