

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000205492

**Entity Name:** 4670 ARLINGTON, LLC

**Current Principal Place of Business:**

4140 THREE LAKES COURT  
LONG GROVE, IL 60047

**Current Mailing Address:**

4140 THREE LAKES COURT  
LONG GROVE, IL 60047 US

**FEI Number:** 81-4433495

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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 AMBR  
Name CHRISTOPHER JON CONNINGTON  
LIVING TRUST  
Address 4140 THREE LAKES COURT  
City-State-Zip: LONG GROVE IL 60047

Title AMBR  
Name CONNINGTON PROPERTIES TRUST  
Address 4140 THREE LAKES COURT  
City-State-Zip: LONG GROVE IL 60047

Title MGR  
Name CONNINGTON, CHRIS  
Address 4140 THREE LAKES COURT  
City-State-Zip: LONG GROVE IL 60047

Title MGR  
Name CONNINGTON, CRAIG  
Address 408 CANDLEWOOD  
City-State-Zip: CARY IL 60013

*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:** CHRIS CONNINGTON

**MANAGER**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date