

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004674

Entity Name: ARBOR E&T, LLC

Current Principal Place of Business:

9901 LINN STATION RD
LOUISVILLE, KY 40223

Current Mailing Address:

9901 LINN STATION ROAD
LOUISVILLE, KY 40223 US

FEI Number: 46-0508470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR, CHAIRMAN
Name GRONEFELD, RALPH GJR.
Address 9901 LINN STATION RD LOUISVILLE
KY 40223 L
City-State-Zip: LOUISVILLE KY 40223

Title MGR, PRESIDENT
Name KELLEY, PATRICK
Address 9901 LINN STATION RD LOUISVILLE
KY 40223 L
City-State-Zip: LOUISVILLE KY 40223

Title MANAGER, TREASURER
Name DAVISON, D. ROSS
Address 9901 LINN STATION ROAD
LOUISVILLE KY 40223
City-State-Zip: LOUISVILLE KY 40223

Title S
Name REED, STEVEN S
Address 9901 LINN STATION ROAD
LOUISVILLE KY 40223
City-State-Zip: LOUISVILLE KY 40223

Title MGR, VP
Name HOUGH, MICHAEL B
Address 9901 LINN STATION ROAD
City-State-Zip: LOUISVILLE KY 40223

Title ASST. TREASURER
Name FISHER, KEVIN G
Address 9901 LINN STATION ROAD
City-State-Zip: LOUISVILLE KY 40223

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: STEVEN S. REED

SECRETARY

03/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date