

**2014 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 VP  
Name POST, ERIC R  
Address 9901 LINN STATION ROAD  
City-State-Zip: LOUISVILLE KY 40223

Title VP  
Name RATH, DIANE  
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**

**03/17/2014**

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

\_\_\_\_\_  
Date