

**2017 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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	MANAGER	Title	MGR, VP
Name	DOUGLASS, EDWARD	Name	WILLIAMS, LOUIS BRADLEY
Address	9901 LINN STATION RD	Address	9901 LINN STATION RD
City-State-Zip:	LOUISVILLE KY 40223	City-State-Zip:	LOUISVILLE KY 40223
Title	TREASURER	Title	S
Name	GRONEFEDL, RALPH G. JR	Name	REED, STEVEN S
Address	9901 LINN STATION RD	Address	9901 LINN STATION ROAD LOUISVILLE KY 40223
City-State-Zip:	LOUISVILLE KY 40223	City-State-Zip:	LOUISVILLE KY 40223
Title	MGR, CHAIRMAN	Title	ASST. TREASURER
Name	HOUGH, MICHAEL B	Name	FISHER, KEVIN G
Address	9901 LINN STATION ROAD	Address	9901 LINN STATION ROAD
City-State-Zip:	LOUISVILLE KY 40223	City-State-Zip:	LOUISVILLE KY 40223
Title	MANAGER	Title	MANAGER
Name	HENDRICKS, STEPHEN	Name	VU, MICHAEL
Address	9901 LINN STATION RD	Address	9901 LINN STATION RD
City-State-Zip:	LOUISVILLE KY 40223	City-State-Zip:	LOUISVILLE KY 40223

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*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****03/13/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	MANAGER, PRESIDENT
Name	TAYLOR, ADAM
Address	9901 LINN STATION RD
City-State-Zip:	LOUISVILLE KY 40223