

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004674

Entity Name: ARBOR E&T, LLC**Current Principal Place of Business:**9200 SHELBYVILLE ROAD
SUITE 210
LOUISVILLE, KY 40222**Current Mailing Address:**9200 SHELBYVILLE ROAD
SUITE 210
LOUISVILLE, KY 40222 US**FEI Number:** 46-0508470**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 & PRESIDENT
Name DOUGLASS, EDWARD M
Address 9200 SHELBYVILLE ROAD
SUITE 210
City-State-Zip: LOUISVILLE KY 40222

Title MANAGER, VP
Name WILLIAMS, L. BRADLEY
Address 9200 SHELBYVILLE ROAD
SUITE 210
City-State-Zip: LOUISVILLE KY 40222

Title MANAGER & VP
Name GIORDANO, DEBRA
Address 9200 SHELBYVILLE ROAD
SUITE 210
City-State-Zip: LOUISVILLE KY 40222

Title MANAGER, VP
Name BOYD, LISA
Address 9200 SHELBYVILLE ROAD
SUITE 210
City-State-Zip: LOUISVILLE KY 40222

Title MANAGER, VP
Name GANIER, NICOLE
Address 9200 SHELBYVILLE ROAD
SUITE 210
City-State-Zip: LOUISVILLE KY 40222

Title MANAGER, VP
Name RACINE, RUDY R.
Address 9200 SHELBYVILLE ROAD
SUITE 210
City-State-Zip: LOUISVILLE KY 40222

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: EDWARD M. DOUGLASS**MANAGER****04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date