

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000056522

1. Entity Name
ARNOW LLC



Principal Place of Business
1800 MAPLEWOOD DRIVE
EDGEWATER, FL 32132

Mailing Address
1800 MAPLEWOOD DRIVE
EDGEWATER, FL 32132

FILED
Aug 13, 2008 08:00 AM
Secretary of State



06162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4981622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

U000000957632
08/13/08-80003-001 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARNOW, DONALD
STREET ADDRESS	1800 MAPLEWOOD DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32132

TITLE	MGRM
NAME	ARNOW, LINDA
STREET ADDRESS	1800 MAPLEWOOD DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32132

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/10/08

Date

386-426-0362

Daytime Phone #