

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000488

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: ARLINGTON ABSTRACT, LLC

## Current Principal Place of Business:

327-329 MAIN STREET  
SUITE 100  
POUGHKEEPSIE, NY 12601

## New Principal Place of Business:

130 BEDELL ROAD  
POUGHKEEPSIE, NY 12603

## Current Mailing Address:

327-329 MAIN STREET  
SUITE 100  
POUGHKEEPSIE, NY 12601

## New Mailing Address:

P.O. BOX 3010  
POUGHKEEPSIE, NY 12603

FEI Number: 20-0509250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARLSON, DONNA  
3734 WINDMAKER WAY  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WALKER, NANCEY E  
Address: 327-329 MAIN ST  
City-St-Zip: POUGHKEEPSIE, NY 12601

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WALKER, NANCEY E  
Address: 130 BEDELL ROAD  
City-St-Zip: POUGHKEEPSIE, NY 12603

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NANCEY E WALKER

MGR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date