

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005326

Entity Name: ARVON FUNDING LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

420 50TH STREET, S.W.
GRAND RAPIDS, MI 49548

New Principal Place of Business:

Current Mailing Address:

420 50TH STREET, S.W.
GRAND RAPIDS, MI 49548

New Mailing Address:

PO BOX 2992
GRAND RAPIDS, MI 49501

FEI Number: 26-2262752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: GORDON, JOHN M JR.
Address: 333 50TH STREET S.W.
City-St-Zip: GRAND RAPIDS, MI 49548

Title: MGR () Delete
Name: GRAY, DAVID L
Address: 333 50TH STREET S.W.
City-St-Zip: GRAND RAPIDS, MI 49548

Title: MGR () Delete
Name: WILMINGTON TRUST SP SERVICES, INC.
Address: 1105 NORTH MARKET STREET
City-St-Zip: WILMINGTON, DE 19899

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN M. GORDON, JR.

MGR

04/10/2009

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