

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# M97000000763

1. Entity Name
ARROW FINANCIAL SERVICES, L.L.C.

FILED

01 MAY -1 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7301 NORTH LINCOLN AVE., #220
LINCOLNWOOD IL 60646

Mailing Address
7301 NORTH LINCOLN AVE., #220
LINCOLNWOOD IL 60646



2. Principal Place of Business

3. Mailing Address

Attn: Lance Martin

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-4189357

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME LAVIN, JACK
STREET ADDRESS 7301 NORTH LINCOLN AVE., #220
CITY-ST-ZIP LINCOLNWOOD IL 60646 ☐ Delete

TITLE Manage
NAME Michael Valentini
STREET ADDRESS 7301 N Lincoln Ave #220
CITY-ST-ZIP Lincolnwood, IL 60712 ☐ Change ☒ Addition

TITLE MGR
NAME LAVIN, RONALD
STREET ADDRESS 7301 NORTH LINCOLN AVE., #220
CITY-ST-ZIP LINCOLNWOOD IL 60646 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME CUTLER, BRIAN
STREET ADDRESS 7301 NORTH LINCOLN AVE., #220
CITY-ST-ZIP LINCOLNWOOD IL 60646 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

4-27-01 847-557-1100

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

Date Daytime Phone #

0027877 AF

CR2E083 (11/00)