2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M97000000763

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

Principal Place of Business
5996 W. TOUHY AVE.
NILES, IL 60714

Mailing Address
5996 W. TOUHY AVE.
NILES, IL 60714

DO NOT WRITE IN THIS SPACE

01172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
36-4189357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LAVIN, JACK
STREET ADDRESS	5996 W. TOUHY AVE.
CITY-ST-ZIP	NILES, IL 60714
TITLE	MGR
NAME	LAVIN, RONALD
STREET ADDRESS	5996 W TOUHY AVE.
CITY-ST-ZIP	NILES, IL 60714
TITLE	MGR
NAME	CUTLER, BRIAN
STREET ADDRESS	5996 W. TOUHY AVE.
CITY-ST-ZIP	NILES, IL 60714
TITLE	MGR
NAME	VALENTINO, MICHAEL
STREET ADDRESS	5996 W. TOUHY AVE.
CITY-ST-ZIP	NILES, IL 60714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/06-80041-001 50.00

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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] 1/17/06 (847)557-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #