

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 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**



03282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4189357	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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**

**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

N/A

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, 2007**

000000708551

04/24/07-80119-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LAVIN, JACK
STREET ADDRESS	5996 W. TOUHY AVE.
CITY-STATE-ZIP	NILES, IL 60714

TITLE	MGR
NAME	LAVIN, RONALD
STREET ADDRESS	5996 W. TOUHY AVE.
CITY-STATE-ZIP	NILES, IL 60714

TITLE	MGR
NAME	CUTLER, BRIAN
STREET ADDRESS	5996 W. TOUHY AVE.
CITY-STATE-ZIP	NILES, IL 60714

TITLE	MGR
NAME	VALENTINO, MICHAEL
STREET ADDRESS	5996 W. TOUHY AVE.
CITY-STATE-ZIP	NILES, IL 60714

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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

RONALD E. LAVIN

Date

4-2-07

Daytime Phone #

847-557-1100