## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M97000000763

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

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5996 W. TOUHY AVE. NILES, IL 60714

Current Mailing Address: New Mailing Address:

5996 W. TOUHY AVE. NILES, IL 60714

FEI Number: 36-4189357 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: ADDITIONS/CHANGES:

 Title:
 MGR () Delete
 Title:
 MGRM (X) Change () Addition

 Name:
 LAVIN, JACK
 Name:
 AFS HOLDINGS, LLC,

 Address:
 5996 W. TOUHY AVE.
 Address:
 5996 WEST TOUHY AVENUE

City-St-Zip: NILES, IL 60714 City-St-Zip: NILES, IL 60714 US

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CUTLER, BRIAN
 Name:

 Address:
 5996 W. TOUHY AVE.
 Address:

 City-St-Zip:
 NILES, IL 60714
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 VALENTINO, MICHAEL
 Name:

 Address:
 5996 W. TOUHY AVE.
 Address:

 City-St-Zip:
 NILES, IL 60714
 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: JULIE A NOVAK VP 03/19/2009