LIMITED LIABILITY COMPANY บักโรORM BUSINESS REPORT (UBR)

FILED Jun 10, 2002 8:00 am Secretary of State

05-22-2002 90212 041 ****50.00 L01000021888 **DOCUMENT #** 1. Entity Name NATIONAL PARTS, L.L.C. DO NOT WRITE IN THIS SPACE 91929 Principal Place of Business P.D. BOX 3. Mailing Address P.O. BOX 551260 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number 9 Applied For \$5.00 Additional 5. Certificate of Status Desired Fee Required 7." Name and Address of Current Registered Agent Michael N. Schneider DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
Ansbacher & Schneider IN THIS SPACE 5150 Belfort Road. Jacksonville 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 DATE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS (1201) TITLE TITLE NAME NAME STREET ADDRESS CR2E083B STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 eath; 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:

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

Date

Daytime Phone #