

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118604

Entity Name: NOVA IMPEX, L.L.C.

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

COVE EXECUTIVE BLDG.
1500 SE 3RD COURT, STE. 224
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

COVE EXECUTIVE BLDG.
1500 SE 3RD COURT, STE. 224
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 42-1687816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODIN, GLORIA ROA
2655 LEJEUNE ROAD, STE. 1001
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: CZEKALSKA, BARBARA
Address: 1500 SE 3RD COURT, STE. 224
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM () Delete
Name: CZEKALSKI, ZBIGNIEW
Address: 1500 SE 3RD COURT, STE. 222
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR () Delete
Name: TORKOWSKI, ALEXANDRA
Address: 1500 SE 3RD COURT, STE. 222
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ALEXANDRA TORKOWSKI

MGR

04/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date