

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000589

FILED
May 09, 2007
Secretary of State

Entity Name: NIVEL PARTS & MANUFACTURING CO., LLC

Current Principal Place of Business:

2510 PORT JACKSONVILLE PARKWAY
JACKSONVILLE, FL 32226

New Principal Place of Business:

3510-1 PORT JACKSONVILLE PARKWAY
JACKSONVILLE, FL 32226

Current Mailing Address:

2510 PORT JACKSONVILLE PARKWAY
JACKSONVILLE, FL 32226

New Mailing Address:

3510-1 PORT JACKSONVILLE PARKWAY
JACKSONVILLE, FL 32226

FEI Number: 20-0693551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: NIVEL HOLDINGS, LLC,
Address: 777 THIRD AVE.
City-St-Zip: NEW YORK, NY 10017

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: ALINA, ALVAREZ
Address: 3510-1 PORT JACKSONVILLE PARKWAY
City-St-Zip: JACKSONVILLE, FL 322226

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: ALINA ALVAREZ

MGR

05/09/2007

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