

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Sep 21, 2007  
Secretary of State**

DOCUMENT# L06000113141

Entity Name: LEGACY AUTO, LLC.

**Current Principal Place of Business:**

1817 RACHEL RIDGE LP  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1817 RACHEL RIDGE LP  
OCOEE, FL 34761

**New Mailing Address:**

FEI Number: 20-5952566      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:**

ANDINO, LUIS  
1817 RACHEL RIDGE LP  
OCOEE, FL 34761    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: LUIS A. ANDINO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ANDINO, LUIS  
Address: 1817 RACHELS RIDGE LP  
City-St-Zip: OCOEE, FL 34761

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

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: ANDINO, DAISY I  
Address: 1817 RACHELS RIDGE LP  
City-St-Zip: OCOEE, FL 34761

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: LUIS A. ANDINO

MGR

09/21/2007

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