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(City/State/Zip/Phone #)

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08 JUL -2 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL - 3 2008

EXAMINER

h3h3e-8em

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: D & D AUTO RESCUE, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DANNY WEAVER & JOSPEH DEPALMA**

(Name of Person)

(Firm/Company)

**P O BOX 7385**

(Address)

**PORT ST LUCIE, FL 349577385**

(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
08 JUL -2 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 11, 2008

DANNY WEAVER & JOSEPH DEPALMA  
P O BOX 7385  
PORT ST LUCIE, FL 34957-7385

SUBJECT: D & D AUTO RESCUE, LLC  
Ref. Number: W08000028434

We have received your document for D & D AUTO RESCUE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 10, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 208A00035838

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Jensen Beach, Florida 34957

Port Saint Lucie, Florida 34957-7385

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Danny Joseph Weaver

Name

968 South West Fenway Road

Florida street address (P.O. Box **NOT** acceptable)

Port Saint Lucie, Florida 34953

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

[Signature]  
Registered Agent's Signature (REQUIRED)

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08 JUL -2 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Joseph Anthony DePalma

470 North West Sunflower Place

Jenson Beach, Florida 34953

MGRM

Danny Joseph Weaver

968 South West Fenway Road

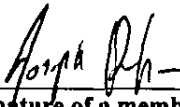
Port Saint Lucie, Florida 34953

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing.                      (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph DePalma  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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