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Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**LAST CHANCE AUTO SALE OF CENTRAL FLORIDA, LLC**

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09 JUN 23 AM 8:05

ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
LAST CHANCE AUTO SALE OF CENTRAL FLORIDA, LLC

**SECOND:** The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE INCORRECT NAME IS: LAST CHANCE AUTO SALE OF

CENTRAL FLORIDA, LLC

THE CORRECT NAME IS LAST CHANCE AUTO SALES OF CENTRAL

FLORIDA, LLC.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: JUNE 22 2009

*Dawn O'Quinn Vincent*  
Signature of a member or authorized representative of a member

DAWN O'QUINN VINCENT

Typed or printed name of signee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Last Chance Auto-Sale of Central Florida, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

150 SE 34TH ST  
OCALA, FL 34471

#### Mailing Address:

150 SE 34TH ST  
OCALA, FL 34471

### 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:

DAWN O'QUINN VINCENT

Name

5781 NW BELWOOD CIR

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

PORT ST LUCIE, FL 34986

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 603, F.S.,*

✓ Dawn O'Quinn Vincent  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

MGRM

DAWN O'QUINN VINCENT

5781 NW BELWOOD CIR

PORT ST LUCIE, FL 34988

 

 

 

 

 

 

(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.)

DAWN O'QUINN VINCENT

Typed or printed name of signer

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**TALLAHASSEE FLORIDA**