

L14000013672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

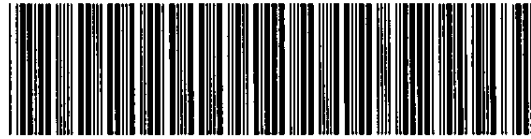
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300256243363

02/05/14--01010--024 **25.00

FILED
FEB 06 2014
14 SEP 15 11:11:28
2014

4.000000 FEB 06 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: coast to coast auto sales llc
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Joseph Samuel Bucca
Name of Person

coast to coast auto sales llc
Firm/Company

1369 lazy river lane
Address

deland/florida/32720
City/State and Zip Code

coast_to_coast_auto@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Joseph Samuel Bucca at (386) 4535120
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:
coast to coast auto sales llc

SECOND: Document to be corrected is:
authorized persons section

(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 authorized persons section needs to show Paul Joseph Samuel Bucca as the authorized member with a manager title

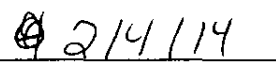
OR

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

OR

- The electronic transmission of the record was defective.


Signature of Authorized Representative


Date

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**