

L14000013672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

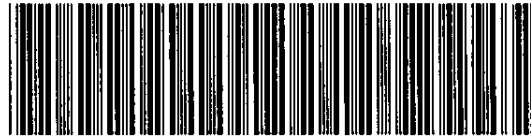
(Business Entity Name)

(Document Number)

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**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

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**OR**

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

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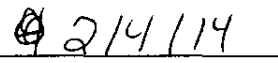
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**OR**

- The electronic transmission of the record was defective.

  
Signature of Authorized Representative

  
Date

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