

L14000135240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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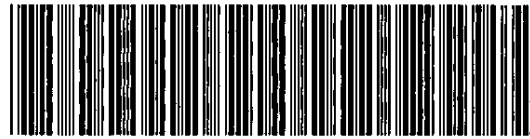
(Business Entity Name)

(Document Number)

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SEP 10 2014  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: From Granny's Emporium, 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:

Troy Slocum  
Name of Person

From Granny's Emporium, LLC  
Firm/Company

12637 Lynmar Blvd.  
Address

Tampa, FL 33626  
City/State and Zip Code

TSlocum25@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Slocum at (727) 482-5732  
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

FILED  
TALLAHASSEE, FLORIDA  
2014 SEP -4 AM 11:47

**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: \_\_\_\_\_

From Granny's Emporium, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L14000135240

**THIRD:** Document to be corrected is:

FL Limited Liability Company Articles of Organization

**(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 statement is NONE listed under  
Authorized person. It is incorrect because I failed to  
list myself as President and Authorized person. The  
correct statement is Troy Slocum, President listed as  
Authorized person. Address to be listed for Troy Slocum is  
OR 2958 Laurel Ct. Dunedin, FL 34698.

- ☐ 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.

Troy Slocum

Signature of Authorized Representative

9/2/14

Date

**FILED**  
2014 SEP -4 AM 11:47  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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