

L15000094043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

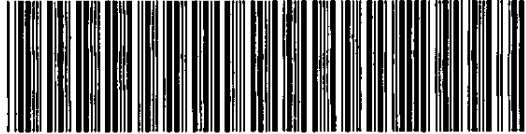
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empire Holdings 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:

Abbas Mukhi

Name of Person

Empire Holdings LLC

Firm/Company

873 Sherbourne Cir

Address

Lake Mary, FL 32746

City/State and Zip Code

abbasmukhi420@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abbas Mukhi

Name of Person

at (516) 589-2369
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

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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: Empire Holdings LLC

SECOND: The Florida Document number of the limited liability company is: LC15000094043

THIRD: Document to be corrected is:
Effective ^{date} change from 8/01/2015 to 6/26/2015

(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:

Effective date needs to be changed from 8/01/2015 to
June 26, 2015. When the business was created an error was
made and wrong date was entered.

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]

7/1/2015

Signature of Authorized Representative

Date

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