

MIS000000311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

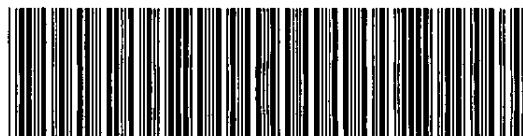
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 14 2015

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beef O Brady's Bushnell

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:

Michelle Knight

Name of Person

FSC Franchise Co, LLC

Firm/Company

5660 W Cypress St Suite A

Address

Tampa, FL 33607

City/State and Zip Code

mknight@fscfranchiseco.com

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

For further information concerning this matter, please call:

Michelle Knight

813

226-2333

at ( )

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: Beef O Brady's Bushnell

**SECOND:** The Florida Document number of the limited liability company is: M15000000311

**THIRD:** Document to be corrected is:  
FEI/EIN Number \_\_\_\_\_

**(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:

FEI/EIN Number listed 38-3944187 was incorrectly filed; the correct

FEI/EIN Number is 36-4797990

**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.

Michelle Knight  
Signature of Authorized Representative

8/12/2015  
Date

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