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COVER LETTER

TO: Registratio Division of	n Section f Corporations					
Ham	nony Outdoor Brands	, LLC				
		Name of Limited Liab	oility Company			
Dear Sir or Madam:						
The enclosed Staten	nent of Correction and fee(s)	are submitted for filin	g.			
Please return all con	respondence concerning this	s matter to the followin	g:			
William Nugen	t					
	Name of Person		-			
Harmony Outd	oor Brands, LLC					
 , , , , , , , , , , , , , , , , , , 	Firm/Company		_			
4940 Lakewoo	d Ranch Blvd Suite 1	00				
	Address		_			
Sarasota, Fl. 3	4240					
	City/State and Zip Code		_			
cwilliams@betl	helfarms.com				~ 3	
E-mail address	s: (to be used for future annu	al report notification)	_	E.	2014 HAR	co-
						cuan
For further informat	ion concerning this matter,	olease call:		SSE S	24	77778
William Nugen	t	863	494-3057	8073.5 815.36	PH 12:	
Na	ame of Person	at (at Code	Daytime Telephone Number	- 355 355 355 355 355 355 355 355 355 355	44:	ا بمیبودها
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		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			

CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to	section 605.0209, F.S., this document is be	•				
FIRST:	The name of the limited liability company is: Harmony Outdoor Brands, LLC					
SECOND:		mited liability company is:				
THIRD:	Document to be corrected is:					
	all address : 4940 Lakewood Ranch Blvd suite 100, Sarasota, FL 34240					
<u>((</u>	CHECK THE APPROPRIATE BOX AND C	COMPLETE THE APPLICABLE ST	<u>ATEMENT</u>			
	tains an incorrect statement. The incorrect ected statement are as follows:	statement, the reason the statement	is incorrect, and the			
						
						
						
<u>OR</u>						
	s defectively signed. The manner in which ection are as follows:	the document was defectively signer	d and the appropriate			
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<u>OR</u>	1		2: 1.5			
The	electronic transmission of the record was d	efective.				
\//		3/18/2014				
Signatui	re of Authorized Representative	Date				

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