L130000 42626

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Sertified Sopies Sertificates of States				
Special Instructions to Filing Officer:				
;				

Office Use Only



600341175436

85,740,758-481081-4819 - **35,86

CHARTHENT OF STATE

2020 HAR -2 PM 2:49

MAR 21 2020 S. YOUNG

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	Elite Labs LLC	
SODA	ECT:	Name of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Statement of Terminati	ion and fee(s) are submitted for filing.
Please	return all correspondence con-	cerning this matter to the following:
Mitch	ell Perlstein	
	Name of Perso	n
2769 1	Firm/Company EAtlantic Blvd	
Pomp	Address ano Beach FL 33062	
mitchl	City/State and Zip Co I@gmail.com	de
E-ma	ail address: (to be used for futur	re annual report notification)
For fu	rther information concerning th	nis matter, please call:
Mitch	ell Perlstein	561 3680831 at ()
	Name of Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
CR2EI-	41 (2/14) 21	Feling Fee Central copy - Enclosed

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Sta	_	Statement of Termination:
FIRST: The name of the limited liability co	Elite Labs LLC ompany is:	
SECOND: The Florida Document number	of the limited liability company is:	L.13000042626
THIRD: The date of filing of the initial arti	03/21/2013 cles of organization is:	
TOTAL CONTROL OF THE ACTION OF	06/07/2019	
FOURTH: The date of tiling of the dissolu	tion is:	·
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities	and affairs and has determined
	Mitchell Perlstein	
Signature of Authorized Representative	Typed or printed name of signa	ature
,	Filing Fee: \$25.00	
Certi CR2E141 (2/14)	fied Copy: \$30.00 (optional)	2020 HAR -2