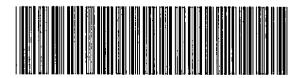
L16000179580

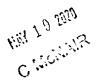
(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	of Status	
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COVER LETTER

COVERI	ETTER
TO: Registration Section Division of Corporations	iability Company
SUBJECT: Stellar Footwear, LLC	in the second
Name of Limited L	iability Company
Dear Sir or Madam:	
The enclosed Statement of Termination and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter to	o the following:
Barry E. Haimo, Esq.	
Name of Person	
Haimo Law	
Firm/Company	
8201 Peters Road Suite 1000	
Address	
Plantation, FL 33324	
City/State and Zip Code	_
barry@haimolaw.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please cal	1:
954-599-7483 at ()
Name of Person Area Co	ode Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida St	atutes, I hereby submit the following Statement of	Termination:
FIRST: The name of the limited liability of	company is:	
		اري جي
SECOND: The Florida Document number	of the limited liability company is: L16000179580	20 34/1
THIRD: The date of filing of the initial art	ticles of organization is:	3. F.
FOURTH: The date of filing of the dissolu	ution is: 03/07/2020	·
FIFTH: This limited liability company has that it will file a statement of termination.	s completed winding up its activities and affairs and	l has determined
	Barry E. Haimo, Esq.	
Signature of Authorized Representative	Typed or printed name of signature	
	Filing Fee: \$25.00	
Cert	tified Copy: \$30.00 (optional)	

CR2E141 (2/14)