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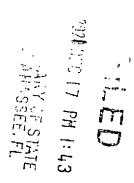
(Re	questor's Name)			
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Registration Section

TO:

## **COVER LETTER**

Divisio	on of Corporations			
SUBJECT: B	tallistipax LLC			
	Name of Limited Liability Company			
Dear Sir or Ma	ıdam:			
The enclosed S	Statement of Termination	and fee(s) are submi	itted for filing.	
Please return a	ll correspondence conce	rning this matter to th	e following:	
David J. Malis				
	Name of Person			
Ballistipax LLC				
	Firm/Company			
1499 S. Harbor C	ity Blvd., Suite 303			
	Address			
Melbourne, Floire	ia 32901			
	City/State and Zip Code			
dmalis@cfl.rr.cor	n			
E-mail addres	s: (to be used for future	annual report notifica	ition)	
For further info	ormation concerning this	matter, please call:		
David J. Malis		at ()	254-5437	
Na	me 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

CR2E141 (2/14)

90N

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Star	tutes, I hereby submit the following State	ment of Ter	mination:
FIRST: The name of the limited liability co	mpany is:		
			. <del>.</del>
SECOND: The Florida Document number of	of the limited liability company is:	)196606	
THIRD: The date of filing of the initial artic	cles of organization is:		
FOURTH: The date of filing of the dissolut	ion is: 12/14/2021		·
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and a	ffairs and h	as determined
Effective date of Statement of Termination is 31 Dece			
maci?	David J. Malis	792 NOT 0 1	
Signature of Authorized Representative	Typed or printed name of signature	7 PM 1: RY OF ST RASSEE.	Ö
Carti	Filing Fee: \$25.00 fied Copy: \$30.00 (optional)	FL ATE	- >
Ceru	nea copy, 950.00 (optional)		

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