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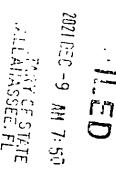
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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Ballistipax Holdings, LLC		
SOBJECT.		pility Company	
Dear Sir or l	Madam:		
The enclose	d Statement of Termination a	nd fee(s) are subm	itted for filing.
Please returi	all correspondence concern	ing this matter to the	ne following:
David J. Malis	s, Manager		
	Name of Person		•
Ballistipax Ho	ldings, LLC		
	Firm/Company		•
1499 S. Harbo	or City Blvd., Suite 303		
	Address		•
Melbourne, Fl	. 32901		
·	City/State and Zip Code		-
dmalis@cfl.rr.	com		
E-mail add	ress: (to be used for future ar	nual report notific	ation)
For further i	nformation concerning this n	natter, please call:	
		, , , ,	
David J. Malis		at (³²¹	254-5437
	Name of Person		Daytime Telephone Number
	ling Address:		Street Address:
_	stration Section		Registration Section
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
	hassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Staten	nent of Te	rmination:
FIRST: The name of the limited liability company is: Ballistipax Holdings, LLC		
SECOND: The Florida Document number of the limited liability company is: L200001	308080	<u>-</u>
THIRD: The date of filing of the initial articles of organization is:		
FOURTH: The date of filing of the dissolution is: 11/11/2021		
FIFTH: This limited liability company has completed winding up its activities and af that it will file a statement of termination.		nas determined
/c/ David J. Malis David J. Malis		C-9 M 7:50
Signature of Authorized Representative Typed or printed name of signature		'

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E141 (2/14)