

120 000 308 094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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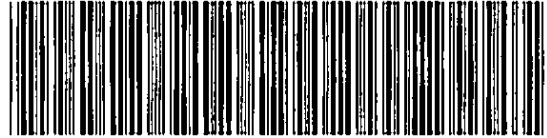
(Business Entity Name)

(Document Number)

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DEC 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ballistipax IP Holding, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J. Malis, Manager

Name of Person

Ballistipax IP Holding, LLC

Firm/Company

1499 S. Harbor City Blvd., Suite 303

Address

Melbourne, FL 32901

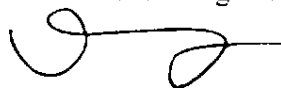
City/State and Zip Code

dmalis@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David J. Malis



at (321) 254-5437

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Ballistipax IP Holding, LLC

SECOND: The Florida Document number of the limited liability company is: L20000308094

THIRD: The date of filing of the initial articles of organization is: 09/30/2020

FOURTH: The date of filing of the dissolution is: 11/11/2021

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

/s/ David J. Malis



Signature of Authorized Representative

David J. Malis

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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