

L21000487271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

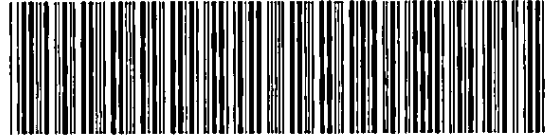
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 FEB -9 PM 1:42

STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB -9 AM 9:53

DISCRETIONARY OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2/10/2023

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/9/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1118639

ORDER ENTITY
STRIKER LABS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

STRIKER LABS, LLC (FL)

File the attached document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Striker Labs, 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:

Sarah Corrado

Name of Person

Orrick, Herrington, & Sutcliffe

Firm/Company

51 W. 52nd Street

Address

New York, NY 10019

City/State and Zip Code

scorrado@orrick.com

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

For further information concerning this matter, please call:

Ross Karel

Name of Person

at (312) 888-0155

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: Striker Labs, LLC

SECOND: The Florida Document number of the limited liability company is: 1.21000487271

THIRD: The date of filing of the initial articles of organization is: November 11, 2021

FOURTH: The date of filing of the dissolution is: February 6, 2023

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

Confirmed.



Signature of Authorized Representative

Ross Karel

Typed or printed name of signature

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

CR2EI41 (2/14)

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2023 FEB -9 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL