

Manager/Member/Organizer Signature





STATE OF CALIFORNIA Office of the Secretary of State SHORT FORM CERTIFICATE OF CANCELLATION -LLC TERMINATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20250147593 Date Filed: 1/22/2025

Limited Liability Company	
Limited Liability Company Name	Hair by Anelalani LLC
Entity No.	202565312715
Required Statements	
The following statements are true:	
1) This Short Form Certificate of Termination is b Organization were filed with the California Secret	eing filed within twelve (12) months from the date the Articles of ary of State.
2) The LLC does not have any debts or other liab	vilities, except as provided in Item (3).
3) All final tax returns required under the Californ California Franchise Tax Board.	ia Revenue and Taxation Code have been or will be filed with the
4) The known assets of the LLC remaining after phave been distributed or the LLC has acquired no	payment of, or adequately providing for, known debts and liabilities be known assets.
5) The LLC has not conducted any business from	n the time of the filing of the Articles of Organization.
6) 50 percent or more of the voting interests of the managers or members voted, or, if no managers or members, the person or 50 percent or more of the persons signing the Articles of Organization, voted to dissolve the LLC.	
7) Payments received by the LLC for interests fro	om investors, if any, have been returned to those investors.
Termination Statement	
	cellation, except as provided in California Corporations Code Section stration is cancelled and its powers, rights, and privileges will cease in
Electronic Signature	
	signed this instrument, which is my act and deed. I further affirm under true and correct and that I am authorized by California law to sign.
Anelalani Breshears	01/22/2025

Date