

(916) 657-5448

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BA2024221404

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Limited Liability Company

## 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

Limited Liability Company Name	Thrive Mental Health Services LLC
Entity No.	202464812205
Required Statements	
The following statements are true:	
1) This Short Form Certificate of Termination is being Organization were filed with the California Secretary	g filed within twelve (12) months from the date the Articles of of State.
2) The LLC does not have any debts or other liabilitie	es, except as provided in Item (3).
3) All final tax returns required under the California R California Franchise Tax Board.	Revenue and Taxation Code have been or will be filed with the
4) The known assets of the LLC remaining after payr have been distributed or the LLC has acquired no kn	ment of, or adequately providing for, known debts and liabilities nown assets.
5) The LLC has not conducted any business from the	e time of the filing of the Articles of Organization.
	nanagers or members voted, or, if no managers or members, the the Articles of Organization, voted to dissolve the LLC.
7) Payments received by the LLC for interests from in	nvestors, if any, have been returned to those investors.
Termination Statement	
	ation, except as provided in California Corporations Code Section tion is cancelled and its powers, rights, and privileges will cease in
Electronic Signature	
	ed this instrument, which is my act and deed. I further affirm under and correct and that I am authorized by California law to sign.

Erika M Hernandez12/17/2024Manager/Member/Organizer SignatureDate