



BA20241658711

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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.: BA20241658711

Date Filed: 9/17/2024

Limited Liability Company

Limited Liability Company Name

Desert Dusters LLC

Entity No.

202463714432

Required Statements

The following statements are true:

- 1) This Short Form Certificate of Termination is being filed within twelve (12) months from the date the Articles of Organization were filed with the California Secretary of State.
- 2) The LLC does not have any debts or other liabilities, except as provided in Item (3).
- 3) All final tax returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.
- 4) The known assets of the LLC remaining after payment of, or adequately providing for, known debts and liabilities have been distributed or the LLC has acquired no known assets.
- 5) The LLC has not conducted any business from 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 from investors, if any, have been returned to those investors.

Termination Statement

- ☒ Upon the effective date of this Short Form Cancellation, except as provided in California Corporations Code Section 17707.06, the Limited Liability Company's registration is cancelled and its powers, rights, and privileges will cease in California.

Electronic Signature

- ☒ By signing, I declare that I am the person who signed this instrument, which is my act and deed. I further affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

*Kimberly Adams Scott*_____
Manager/Member/Organizer Signature*09/17/2024*_____
Date