

Manager/Member/Organizer Signature



BA20250189970



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.: BA20250189970 Date Filed: 1/28/2025

| Limited Liability Company | |
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| Limited Liability Company Name | Dr Jill Miller Consulting LLC |
| Entity No. | 202565414024 |
| Required Statements | |
| The following statements are true: | |
| This Short Form Certificate of Termination Organization were filed with the California Section 1. | is being filed within twelve (12) months from the date the Articles of ecretary of State. |
| 2) The LLC does not have any debts or othe | r liabilities, except as provided in Item (3). |
| 3) All final tax returns required under the Cal California Franchise Tax Board. | ifornia Revenue and Taxation Code have been or will be filed with the |
| The known assets of the LLC remaining a have been distributed or the LLC has acquire | fter payment of, or adequately providing for, known debts and liabilities ed 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 | |
| | Cancellation, except as provided in California Corporations Code Section registration is cancelled and its powers, rights, and privileges will cease in |
| Electronic Signature | |
| | who signed this instrument, which is my act and deed. I further affirm under ein is true and correct and that I am authorized by California law to sign. |
| Jill Miller | 01/28/2025 |

Date