## L0400005350/

| (Requestor's Name)                      |                 |             |  |  |
|---|-----------------|-------------|--|--|
| (Address)                               |                 |             |  |  |
| (Address)                               |                 |             |  |  |
| (City/                                  | /State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL        |  |  |
| (Business Entity Name)                  |                 |             |  |  |
| (Document Number)                       |                 |             |  |  |
| Certified Copies                        | Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |
|   |                 |             |  |  |
|   |                 |             |  |  |
|   |                 |             |  |  |

Office Use Only



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## TRANSMITTAL LETTER

| то:  | Registration Se<br>Division of Co |   |   |   |               |
|--|-----------------------------------|---|---|---|---------------|
| SHRIF  | rom. Moser We                     | ealth Holdings, LLC                             |   |   |               |
| SUBSE  |                                   |   | imited Liability Company)   |   |               |
| The en   | closed Articles o                 | f Dissolution and fee(s) are subr               | nitted for filing   |   |               |
|  |                                   |   | _   |   |               |
| Please   | return all corresp                | ondence concerning this matter                  | to the following:   |   |               |
|  | .lu                               | stin Mecklenborg, Administra                    | ative Assistant to LLC  |   |               |
|  | -                                 |   | (Name of Person)  | <del></del>   |               |
|  | PongoTroo                         | Strategies, LLC                                 |   |   |               |
|  | nangeriee                         |   | (Firm/Company)  |   |               |
|  |                                   |   |   |   |               |
| 437 South Highway 101, Suite 209 (Address)       |                                   |   |   |   |               |
|  |                                   |   |   |   |               |
| Solana Beach, CA 92075 (City/State and Zip Code) |                                   |   |   |   |               |
|  |                                   | (City   | rotate and hip code)  |   |               |
| For fur  | ther information                  | concerning this matter, please c                | all:  |   |               |
|  | lustin Mookla                     | ophora  | 959 704.00  | 10  |               |
|  | Justin Meckle                     | (Name of Person)                                | at (858 ) 794-92<br>(Area Code & Daytime                            |   |               |
|  |                                   |   |   |   |               |
| Enclose  | d is a check for the              | e following amount:                             |   |   |               |
| <b>Ø</b> \$25.0                                  | 00 Filing Fee                     | ☐_\$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(additional copy is successed | DIVISION OF C |
| STREET ADDRESS:                                  |                                   | EET ADDRESS:                                    | MAILING ADDRI   | ess:  | 중숙단           |
| Registration Section Division of Corporations    |                                   | Registration Section Division of Corpora        |   | R<br>S<br>T<br>A  |               |
| 409 E. Gaines Street Tallahassee, Florida 32399  |                                   | P.O. Box 6327<br>Tallahassee, Florida           |   |   |               |

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

| 1. The name of the limited liability company is   |  |
|---|--|
| Moser Wealth Holdings, LLC  | <u> </u>   |
| 2. The date the dissolution was approved: 8/16/200  | 4  |
| <ol> <li>A description of the occurrence that resulted in<br/>section 608.441, Florida Statutes, (copy of 608.</li> </ol>   | the limited liability company's dissolution pursuant to 441 on back of cover letter).  |
| Persuant to 608.441 Section D stating that if any time  | there are no members in the LLC the LLC may be disolved.   |
| Persuant to the Operating Agreement, potential members  | ers never executed subscripion   |
| agreements or the operating agreement which defaults  | to the administrative Assistance of the LLC acting   |
| in their stead and disolving the LLC due to lack of mem   | bership.   |
| <ul> <li>OR-         Adequate provision has been made for the debts</li> <li>All remaining property and assets have been dis respective rights and interests.</li> <li>CHECK ONE:         <ul> <li>There are no suits pending against the company -OR-</li> <li>Adequate provision has been made for the satistic be entered against it in any pending suit.</li> </ul> </li> </ul> | ed liability company have been paid or discharged.  s, obligations and liabilities pursuant to s. 608.4421.  stributed among its members in accordance with their  in any court.  faction of any judgment, order or decree which may entage of membership interests necessary to approve   |
| Signature Signature   | Typed or Printed name  Justin Mecklenborg, Admin Asst to LLC OF STATE  OF ST |