

LO 4 0000 05050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

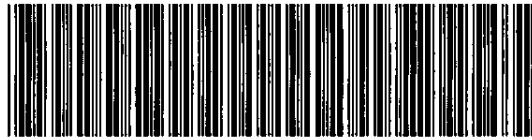
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800081899638

12/07/06--01018--025 \*\*75.00

06 DEC -7 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

*[Handwritten signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Praxis Capital Management LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill Mulner  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5353 W Desert Inn Rd Apt 1106  
(Address)

Las Vegas NV 89146  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Mulner at (702) 951 1326  
(Name of Person) (Area Code & Daytime Telephone Number)

06 DEC -7 AM 10:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- 30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is Praxis Capital Management LLC
2. The Articles of Organization were filed on 8-30-2004 and assigned document number L04000065050
3. The date the dissolution was approved: 11-26-06
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).  
poor fund performance

**5. CHECK ONE:**

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
 Adequate provision has been made for the debts, obligations and liabilities pursuant to § 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

- There are no suits pending against the company in any court.  
-OR-  
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

06 DEC 7 11 AM '06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature  
Bill Mullner  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name  
Bill Mullner  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_