## 1313000000143

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Bocament Namber)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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Cancellation

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## **COVER LETTER**

	Registration S Division of C							
SUBJE	KHIMAI	NJARO CREDIT FUND. I	,P					
SUBJE		oreign Limited Partnershi	p or Limited Liabi	lity Limit	ed Partnership	)		
The enc	losed Notice	of Cancellation and fe	ee(s) are submit	ted for f	īling.			
Please r	eturn all corr	espondence concernin	g this matter to	:				
MURRY	K. STEGELM	ANN						
		(Contact Person)						
KILIMA	NJARO ADVIS	SORS, LLC	-					
		(Firm/Company)				:#- - CT	202	
102 NE 2	2nd Street, Suite	943				3.2 2.2	023 FEB -6	
		(Address)	<u> </u>	_		:		78.32
BOCA R	ATON, FLORI	DA 33432				1 23 16 - <	တ်	i i
		City, State and Zip Code)				- 000 - 100 €	7	10.0
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For furt	her informati	on concerning this ma	itter, please cal	l:		11	20	
	NA RENDE	C	at ( <sup>203</sup>	919-1	213			
	(Name of Conta	act Person)		de and Da	iytime Telepho	ne Numbe	r)	
Enclose	ed is a check	for the following amou	unt:					
<b>\$</b> 52.5	60 Fiting Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Fi			Filing Fee, I Copy, and ite of Status		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

## NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

KILIMANJAKO CREDIT FUND, LP	
(Name of foreign limited partnership or limited liability limited partnership)	
B13000000142	
(Florida Document Number of the Foreign LP or LLLP)	
DELAWARE	
(Jurisdiction of formation)	
MAY 9, 2013	~
(Date authorized to transact business in Florida)	0731FQ
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.	-6 rn c
This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.	6
Effective date, if other than the date of filing: DECEMBER 31, 2022  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)	
<b>NOTE:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
Signature of a general partner:	
Typed or printed name:	
MURRY K. STEGELMANN, Manger of the GP	
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	