## L06000087388

| (Requestor's Name)                      |
|-----------------------------------------|
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| (City/State/Zip/Phone #)                |
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SECRETARY OF STATE

T. HAMPTON

NOV - 2-2009

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: AFRICA KARIBU 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:                                                                                                                                                     |
| MR. ROBERT ZAHRA (Name of Person)                                                                                                                                                                                             |
| AFRICA KARIBU LLC (Firm/Company)                                                                                                                                                                                              |
| 1940 PRESERVE CIRCLE, UNI, 922 (Address)                                                                                                                                                                                      |
| NAPLES , FLOKIDA, 34119 (City/State and Zip Code)                                                                                                                                                                             |
| For further information concerning this matter, please call:                                                                                                                                                                  |
| ROBERT ZAHRA at ( 239 ) 2983 771 (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                      |
| Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: STREET/COURIER ADDRESS:                                                                                                                                                                                      |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 OCT 30 PH 12: 09

| 1. The name of a limited liability company is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFRICA KARIBU LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                           |
| 2. The Articles of Organization were filed on SEPTEN  L 06 0000 87388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and assigned document number                                                                                                                                                                                                                              |
| 3. The date the dissolution was approved: 26 0050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BER, 2009                                                                                                                                                                                                                                                 |
| 4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed liability company's dissolution pursuant to section ver letter).                                                                                                                                                                                       |
| COMPANY NO LONGER TRADES O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                                                                                                                                                                                                                                                         |
| A SELLER OF TRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                           |
| <del></del> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           |
| OR- Adequate provision has been made for the de  6. All remaining property and assets have been distribut rights and interests.  7. CHECK ONE:  There are no suits pending against the comparation of the december of the dece | mited liability company have been paid or discharged.  ebts, obligations and liabilities pursuant to s. 608.4421.  eed among its members in accordance with their respective  any in any court.  tisfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nembership interests necessary to approve the dissolution:                                                                                                                                                                                                |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Printed Name                                                                                                                                                                                                                                              |
| Mille                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ROBERT ZATIRA                                                                                                                                                                                                                                             |
| Henlm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BARBARA . L. ZAHRA                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           |
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