

L15000192847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

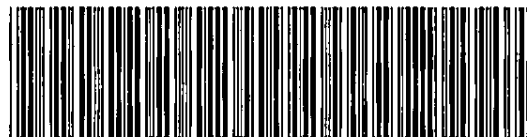
(Document Number)

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2019 NOV -6 PM 4:51

R. WHITE  
NOV 06 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2019

ASSANA GAMPINE  
322 BURNT PINE DR  
NAPLES, FL 34119

SUBJECT: GAMPINE GROUP LLC  
Ref. Number: L15000192847

We have received your document for GAMPINE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or "Limited Liability Company" or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 519A00020968

RECEIVED

2019 NOV -6 AM 10:31

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gampine Group LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Assana Gampine

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

322 Burnt Pine Drive

\_\_\_\_\_  
Address

Naples, Florida 34119

\_\_\_\_\_  
City/State and Zip Code

gampinegp@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Assana Gampine

201 887 2525

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
Kilimanjaro Health and Beauty Limited Liability Company
2. The Articles of Organization were filed on November 2015 and assigned  
document number L15000192847
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** 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.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Voluntary, Ceased Activities

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Assana Gampine

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

Assana Gampine

Signature

Assana Gampine

Printed Name

11-01-2019

FILING FEE: \$25.00