

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109592

Entity Name: RIVER CITY PITA, LLC

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13166 ANNANDALE DRIVE SOUTH  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

500 3RD STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

13166 ANNANDALE DRIVE SOUTH  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 27-3198629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLE, BLAKE H ESQ.  
501 RIVERSIDE AVENUE, SUITE 901  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

WHITKOP, ROBERT N  
13166 ANNANDALE DRIVE SOUTH  
JACKSONVILLE, FL 32225 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT N WHITKOP

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: WHITKOP, ROBERT NILS

Address: 13166 ANNANDALE DRIVE SOUTH

City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM

Name: WHITKOP, CHRISTINA E

Address: 13166 ANNANDALE DRIVE SOUTH

City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT N WHITKOP

PRES

04/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date