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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAR 22 2017 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

River City Pita, 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:

Robert N Whitkop

(Name of Person)

BIB Technologies, LLC

(Firm/Company)

13166 Annandale Dr S

(Address)

Jacksonville, FL 32225-4133

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert N Whitkop

...904

638-4366

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & 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

The name of a limited lia River City Pita, LLC	ability company is	
2. The Articles of Organiza	ation were filed on 10/19/2010 and assigned	
document number L10000	00109592	
Note: If the date inserted	ate the dissolution if not effective on the date of filing: tive date cannot be prior to or more than 90 days later than date document is received for in this block does not meet the applicable statutory filing requirements, this date of effective date on the Department of State's records.	
4. A description of occurrer 605.0707, Florida Statute:	nce that resulted in the limited liability company's dissolution pursuant to es, (copy 605.0707 on back cover letter).	
	old to AJ Baba Foods, Inc effective 01 Feb 2017	ゴ
		R 21
n de Ma		
5. If there are no members, activities and affairs:	enter the name and address of the person appointed to wind up the compa	any's
	13166 Annandale Dr S	
	Jacksonville, FL 32225-4133	
6. Signature of an authorize listed above to wind up the	ed person or if there are no members, the signature of the person appointe company's activities and affairs:	d and
Text NUX	Robert N Whitkop	
Signature	e Printed Name	

FILING FEE: \$25.00