

L17000124167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

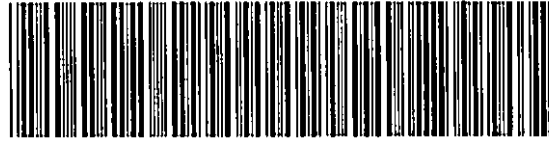
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/18--01010--011 **25.00

FILED
FEB 7 2018

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 FEB -5 PM 3:09

FILED

K. SALY

FEB 7 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: River Side Pizza & Grill 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:

Amani Kfour
(Name of Person)
River Side Pizza & Grill LLC
(Firm/Company)
412 North Harbor City Blvd.
(Address)
Melbourne, FL 32935
(City/State and Zip Code)

For further information concerning this matter, please call:

Salim Adili at (321) 806-7152
(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

FILED
18 FEB -5 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

River Side Pizza & Grill

2. The Articles of Organization were filed on 06/07/2017 and assigned

document number L17000124167

3. The delayed effective date the dissolution if not effective on the date of filing: 06/05/2017
(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).

did not make any money to
Keep the Business open.

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

Amani K Fouf
464 Hi King Trail
West Melbourne, FL 32904

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:

Amani K Fouf
Signature

Amani K Fouf
Printed Name

FILING FEE: \$25.00