

Division of Corporations

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A98000002454

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : OUTBACK STEAKHOUSE
Account Number : 072731001666
Phone : (813) 282-1225
Fax Number : (813) 281-2114

RECEIVED
10 APR 29 PM 1:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**DISS/TERM/CANCEL/REV OF LP/LLP
OUTBACK\ISLAMORADA RESTAURANT LIMITED
PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

G. MCLEOD

APR 30 2010

EXAMINER

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Outback/Islamorada Restaurant, Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karen Davis

(Contact Person)

OSI Restaurant Partners, LLC

(Firm/Company)

2202 N West Shore Blvd., 5th Floor

(Address)

Tampa, FL 33607

(City, State and Zip Code)

For further information concerning this matter, please call:

Karen Davis

(Name of Contact Person)

at (813) 282-1225

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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**CERTIFICATE OF DISSOLUTION
FOR**Outback/Islamorada Restaurant, Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 10/23/1998, assigned Florida document number A98000002454, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)No longer doing business**SECOND:** ☐ A Notice of Dissolution is attached.
(Check box if attached.)**THIRD:** Effective date, if other than the date of filing: _____*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*Signatures of each general partner or the person appointed pursuant to
s. 620.1803(3) or (4), F.S.:Joseph J. KadowAuthorized Rep of Outback Steakhouse
of Florida, LLC, General Partner

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 29 PM 1:30

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