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ECRETARY OF STATE

C. LEWIS

MAY -2 2012

EXAMINER

COVER LETTER

TO: Registration			
Division of	Corporations		
	West Florida-I, Limit f Florida Limited Partnersh	red Partnership hip or Limited Liability Lim	ited Partnership)
The enclosed Certif	ficate of Dissolution ar	nd fee(s) are submitted	for filing.
Please return all co	rrespondence concerni	ng this matter to:	
Karen Davis	(Contact Person)		
OSI Restauran	Partners, LLC (Firm/Company)		
2202 N West S	hore Blvd., 5th Fl (Address)	oor	
Tampa, FL 336	807		
	(City, State and Zip Code)		
For further informa	tion concerning this m	atter, please call:	
Karen Davis		at (<u>813</u>) 282	2-1225
(Name of Con	tact Person)		aytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
▼ \$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:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tallahassee, FL 32314	
Tallahassee, FL 32:	301		

CERTIFICATE OF DISSOLUTION FOR

FILED 12 APR 27 PM 12: 31

SECRETARY OF STATE Roy's/West Florida-I, Limited Partnership <u>IALLAHASSEE, FLORIDA</u> (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 5/19/2000 , assigned Florida document number_A0000000826 , 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) of (4), F.S.: Joseph J. Kadow Authorized Representative of Roy's/Outback Joint Venture, General Partner Filing Fee: \$52.50 Certified Copy (optional): \$52.50

\$8.75

Certificate of Status (optional):