## A0000001396

(Requestor's Name)					
(Address)					
(Address)					
•					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special distructions to Filing Officer.					

Office Use Only



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O7 APR -3 AM IO: 42
SECRETARY OF STATE

B APR 0 4 20071

## **COVER LETTER**

TO: Registration					
Division of	Corporations				
	k/Hollywood, Limited Partnorsh of Florida Limited Partnersh		mited Partnership)		
The enclosed Certi	ficate of Dissolution an	nd fee(s) are submitted	l for filing.		
Please return all co	rrespondence concerni	ng this matter to:			
Ariane McQueen					
	(Contact Person)				
Outback Steakhouse o	f Florida, Inc.				
	(Firm/Company)				
2202 N West Shore B	lvd., 5th Floor				
· · · · · · · · · · · · · · · · · · ·	(Address)				
Tampa, FL 33607					
	(City, State and Zip Code)				
For further informa	tion concerning this ma	atter, please call:			
Ariane McQueen		at (813 ) 282	2-1225		
(Name of Cor	ntact Person)	(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:		MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Center Circle		Tallahassee	e, FL 32314		
Tallahassee, FL 32	301				

## CERTIFICATE OF DISSOLUTION **FOR**

FILED 07 APR -3 AM 10: 42

Outback	/Hollywood, Li	mited Partnership	SECKLTARY OF STA
(Name of Florida Limited I	Partnership or L	imited Liability Limited Par	TALLAHASSEE, FLOR
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 9/1 Certificate of Dissolution.	ted partnersh	ip, whose certificate wa	as filed with the
FIRST: Reason for dissolution: (	State why pa	rtnership is submitting	dissolution)
Entity is no longer in use			
	<del></del>	<u> </u>	<del></del>
SECOND: A Notice of Disso (Check box if atta		ched.	
THIRD: Effective date, if other than the	date of filing:_		·
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days	after the date this document	is filed by the Florida
Signatures of each general partner s. 620.1803(3) or (4), F.S.:	or the person	appointed pursuant to	
		JOSOPH J.K	adow, exac. vp
	<del></del>	& SCORCHAN OF OFFICIAL OFFICE	Nutback Steakhouse The sole of release
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	MAILE.	