A000001597

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·			
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(Cit	ry/State/Zip/Phone	÷ #)			
PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
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O. ERUCE NOV 15 2016

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CARRABBA'S/MICHIGAN, 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:

STREET ADDRE		MAILING ADDRESS:	
\$52.50 Filing Fee	✓ \$61.25 Filing Fee and Certificate of Status	S105.00 Filing and Certified Cop	_ ·
Enclosed is a check	for the following amo	unt:	
(Name of Cor	itact Person)	(Area Code	and Daytime Telephone Number)
NOELLE N. CRITZ		_at (813) 830-5057
For further informa	tion concerning this m	atter, please call:	
	(City, State and Zip Code)		
TAMPA, FLORIDA 33	3607		
	(Address)		
2202 N. WEST SHO	RE BLVD., 5TH FLOOR		
	(Firm/Company)		
BLOOMIN' BRANDS,	INC.		
NOELLE N. CRITZ			

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

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



CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Pa			tnership)	_
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on OCI document number A00000001597 Dissolution.	ed partnersh FOBER 20, 20	ip, whose certificate wa	is filed with the signed Florida	
FIRST: Reason for dissolution: (S	tate why pa	rtnership is submitting	dissolution)	
The limited partnership is no longer doi	ng business.	······································		
				_ -
SECOND: A Notice of Disso (Check box if attack)		ached.		
THIRD: Effective date, if other than the c	late of filing:_			_ ·
(Effective date cannot be prior to nor more Department of State.)	than 90 days	after the date this document	is filed by the Flor	ida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person	appointed pursuant to		
Parrabba's Italian Grill	uc	Kelly B. 1	efferts	
tto General Partner	_	Kelly B. 1 US General	Course 1 d	<u>Secretary</u>
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		Ä	
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