

A020000000492

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

J. BRYAN

MAY 31 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2012

KAREN DAVIS
OSI RESTAURANT PARTNERS, LLC
2202 N WEST SHORE BLVD., 5TH FLOOR
TAMPA, FL 33607

SUBJECT: BONEFISH/SOUTH FLORIDA-I, LIMITED PARTNERSHIP
Ref. Number: A02000000492

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TALLAHASSEE, FLORIDA

We have received your document for BONEFISH/SOUTH FLORIDA-I, LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

The fee to file the enclosed annual report/uniform business report is \$900.00, which includes a \$400 late fee. If a certificate of status is desired, please include an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 912A00014797

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONEFISH/SOUTH FLORIDA-I, LIMITED PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Revocation 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

karendavis@outback.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Davis

Name of Contact Person

at (813)

282-1225 x1393

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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2012 MAY 30 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR**

BONEFISH/SOUTH FLORIDA-I, LIMITED PARTNERSHIP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

04/27/2012

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

05/14/2012

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: 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. Kadow

Authorized Representative of

Bonefish Grill of Florida, LLC, General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$ 8.75

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2012 MAY 30 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Bonefish/South Florida-I 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 4/2/2002, assigned Florida document number A02000000492, 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. Kadow

Authorized Representative of
Bonefish Grill of Florida, LLC, General Partner

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 APR 27 PM 3:11

FILED
2012 MAY 30 PM 1:21
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