## #A0200000610

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000230697010

04/27/12--01012--019 \*\*\$2.50

FILED'
2 APR 27 PH 4: 26

LURELANT OF STATE
ALL ASSPECTIONIO

K.SALY EXAMINER MAY 3 2012

## **COVER LETTER**

TO:	Registration Division of	Section Corporations			
SUBJ		g's/Great Lakes-I, Li			
	(Name of	Florida Limited Partnersh	up or Limited Liability	/ Limited Partnership)	
The en	nclosed Certif	icate of Dissolution an	nd fee(s) are submi	tted for filing.	
Please	return all cor	respondence concerni	ng this matter to:		
Kare	n Davis	<del></del>			
		(Contact Person)			
<u>OSI F</u>	<u>Restaurant</u>	Partners, LLC			
		(Firm/Company)			
2202	N West S	hore Blvd., 5th Fl	oor		
		(Address)			
Tamp	oa, FL 336	07			
		(City, State and Zip Code)			
For fur	ther informat	ion concerning this ma	atter, please call:		
Karen E	Davis		at ( 813 )	282-1225	
	(Name of Cont	tact Person)	(Area Code a	and Daytime Telephone Number)	
Enclos	ed is a check	for the following amor	unt:		
☑ \$52.5	0 Filing Fee	\$61.25 Filing Fee and Certificate of Status	☐ \$105.00 Filing F and Certified Copy		
STREET ADDRESS:		MAILI	NG ADDRESS:		
Registration Section		Registration Section			
Division of Corporations  Clifton Building		Division of Corporations P. O. Box 6327			
2661 Executive Center Circle			Tallahassee, FL 32314		
	issee, FL 323			,	

## CERTIFICATE OF DISSOLUTION FOR

FILED: 12 APR 27 PM 4: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA.

Fleming's/Great Lakes-I, Limited	Partnership	. Acc 304000	32. FI
(Name of Florida Limited F	artnership or Limited	Liability Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 4/2 document number A02000000610 Dissolution.	ted partnership, whe 2/2002	hose certificate was filed with the same same assigned Florida	
FIRST: Reason for dissolution: (	State why partners	hip is submitting dissolution)	
No longer doing business	<u> </u>		
SECOND: A Notice of Disso (Check box if atta			
THIRD: Effective date, if other than the	date of filing:		<b>_</b> •
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after th	ne date this document is filed by the Flo	rida
Signatures of each general partner of	or the person appoi	inted pursuant to	
s. 620.1803(3) or (4), P.S.:		·	
Joseph J. Kadow			
Authorized Representative of			
OSI/Fleming's, LLC, General Pa	 rtner		
Filing Fee:	\$52.50		
Certified Copy (optional):	\$52.50		
Certificate of Status (optional):	\$8.75		