

A03000001609

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : OUTBACK STEAKHOUSE  
Account Number : 072731001666  
Phone : (813)282-1225  
Fax Number : (813)281-2114

07 MAR 30 PM 5:44  
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DISS/TERM/CANCEL/REV OF LP/LLP

FLEMING'S/SAN JOSE-I, LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$113.75

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fleming's/San Jose-I, 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:

Ariane McQueen  
(Contact Person)

Outback/Fleming's, LLC  
(Firm/Company)

2202 N West Shore Blvd., 5th Floor  
(Address)

Tampa, FL 33607  
(City, State and Zip Code)

For further information concerning this matter, please call:

Ariane McQueen at ( 813 ) 282-1225  
(Name of Contact 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:**  
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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07 MAR 30 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**Fleming's/San Jose-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 7/14/2003, hereby submits this Certificate of Dissolution.

**FIRST: Reason for dissolution: (State why partnership is submitting dissolution)**Entity is no longer in use**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.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAR 30 AM 8:50

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