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Division of Corporations

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Account Name : OUTBACK STEAKHOUSE

Account Number: 072731001666 Phone: (813)282-1225

Fax Number : (813)282-7225

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ECRETARY OF STATE
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DISS/TERM/CANCEL/REV OF LP/LLP

BLUE CORAL/SOUTHWEST, LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$113.75

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EXAMINER

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Corporate Filing Menu

Help

COVER LETTER

Registration Section TO: Division of Corporations

SUBJECT: BLUE CORAL/SOUTHWEST, LIMITED PARTNERSHIP

(Name of Plorida 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:

Ely Hernand	dez		
	(Contact Person)		1 .
OSI Restau	rant Partners,	LLC .	A.SE
	(Firm/Company)		CR A
2202 N Wes	st Shore Blvd.,	5th Floor	2008 APR SECRETAR') ALLAHASSE
	(Address)		
Tampa, FL			
	(City, State and Zlp Code)		A II: 39 OF STATE EE.FLORIDA
For further informa	ation concerning this m	atter, please call:	DE 3
Ely Hernandez at (813		at (813) 28	32-1225
(Name of Co	ntact Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check	c for the following amo	ount:	
□ \$52.50 Filing Fee	☐ \$61.25 Filling Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	
STREET ADDRE	SS:	MAILING.	ADDRESS:
Registration Sectio		Registration	
Division of Corpor	ations		Corporations
Clifton Building		P. O. Box 63	·
2661 Executive Cer Tallahassee, FL 32		Tallahassee,	FL 32314

CERTIFICATE OF DISSOLUTION **FOR**

BLUE CORAL/SOUTHWEST, LIMITED PARTNERSHIP (Name of Florida Limited Partnership or Limited Liability Limited Partnership)

(rame or riorida billings	turnership of Ethned Educati	, Enimed Partnership)			
Pursuant to the provisions of section partnership or limited liability limited provided Department of State on 10 Certificate of Dissolution.	ited partnership, whose ce	rtificate was filed with the			
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)					
Entity is no longer in	use.		_		
			-		
		TAS 2	_		
			-		
SECOND: A Notice of Disso	olution is attached.	APR RETA (HAS			
(Check box if atta	ached.)	- I	LI L		
THIRD: Effective date, if other than the	date of filing:	<u>₽₽</u> <u>D</u> .	<u> </u>		
(Effective date cannot be prior to nor mo. Department of State.)	re than 90 days after the date th	is document is filed the Flòrida	O		
Signatures of each general partner s. 620.1803(3) or (4)	or the person appointed po	arsuant to			
A Milliamanilli, Mana & Blue Loral Statood o	ka		-		
spiritsille, the glinked	1 tokur				
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		•		

Certificate of Status (optional):