## A040000350

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000303477100



D SCOTT SEP 2 9 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 839637 7527656

AUTHORIZATION : Smull Blomp

COST LIMIT : \$\sqrt{5}\cdot 2,00

ORDER DATE: September 28, 2017

ORDER TIME : 3:02 PM

ORDER NO. : 839637-005

CUSTOMER NO: 7527656

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## DOMESTIC FILINGS

NAME: CARRABBA'S/MIAMI BEACH, LIMITED PARTNERSHIP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS:

## COVER LETTER

TO: Registration	n Section		
Division of Corpor	rations		
SUBJECT: Carrab	ba's/Miami Beach, Limite	d Partnersbip  thership or Limited Liability Limited Partnership)	
	ficate of Dissolution a prrespondence concern	and fee(s) are submitted for filing. ring this matter to:	
	(Conta	ct Person)	
HIIM - Legal Departn	nen1		
	(Firm)	Company )	
510 Walnut Street, 9th	ı Floor		
	(Add	(ress)	
Philadelphia, PA 1910	96		
	(City, State a	and Zip Code)	
For further informa	ation concerning this r	matter, please call:	
Thea Parent		at ()	23 <b>13</b>
{ Name	of Contact Person)	(Area Code) (Daytime Lelephone Number)	
Enclosed is a cheek	k for the following am	ount:	28 N
			ST ST
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee, and Certified Copy Certificate of Status	
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327	
2661 Executive Center Circle		Tallahassec, FL 32314	

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

Carrabba's/Miami Beach, Limited Partner	eship
(Name of Florida Limited Partnership o	or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on 04/3	on 620,1203. Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the so/2008, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (	State why partnership is submitting dissolution)
No longer doing business	
SECOND: A Notice of Disso	
(Check box if a	ittaened.)
(Effective date connot be prior to nor mor Department of State )	the date of filling:  e than 90 days after the date this document is filled by the Florida  es not meet the applicable statutory filling requirements, this date will late on the Department of State's records.
Signatures of each general partner or the p	person appointed pursuant to s. 620,1803(3) or (4), F.S.:
By Heishir Hospitally Lingted Partner	s, the sole General Partner
By: Ashish R, Parikh, CFO	SEP
	28
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	- S8.75 製造 Q