Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000257183 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: OUTBACK STEAKHOUSE Account Name

Account Number: 072731001666

Phone

: (813)282-1225

Fax Number

; (813)281-2114

DISS/TERM/CANCEL/REV OF LP/LLP

FLEMING'S/PASADENA-I, LIMITED PARTNERSHIP

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

Electronic Filing Menu

Corporate Filing Menu

Help

1S

COVER LETTER

| TO: | Registration Division of | Section Corporations | | | | |
|--------------------------|-----------------------------|--|--------------------------|--------------------------------|-----------|--|
| erid i | ero. Flemine | 's/Pasadena-I, Limited Part | nershi | p | | |
| SUDJI | (Name of | Florida Limited Partnersh | ip or L | imited Liabi | ility Lim | ited Partnership) |
| The en | iclosed Certif | icate of Dissolution ar | d fee | (s) are sub | mitted | for filing |
| 1110 01 | teleber ettil | TOTAL OF PERSONNELS AND | ~122 | (o) and one | 2211117 | ······································ |
| Please | return all con | respondence concerni | ng thi | s matter to |); | |
| Elyann | ah Hernandez | | | | | |
| | | (Contact Person) | | | - | • |
| Qutbac | k/Fleming's, LL | .c | | | | |
| | | (Firm/Company) | | | | • • |
| 2202 N | West Shore Bl | vd., 5th Floor | | | | |
| | | (Address) | | | z , | |
| Тонька | , FL 33607 | , , | | | | |
| 1 strifts | , I'D 33007 | (City, State and Zip Code) | | | | |
| | | (City, State and Zip Code) | 1 | | | |
| For fu | rther informa | tion concerning this m | atter, | please cal | l: | |
| Elyanr | nah Hernandez | | at | (813 |) 282 | -1225 |
| | (Name of Con | tact Person) | | | de and I | Paytime Telephone Number) |
| Enclos | sed is a check | for the following amo | unt: | | | |
| S52.5 | 50 Filing Fee | ☐ \$61.25 Filing Fee and Certificate of Status | | \$105.00 Fili d Certified C | | \$113.75 Filing Fee, Certified Copy, and Certificate of Status |
| STRE | ET ADDRE | SS: | | MAI | LING | ADDRESS: |
| Registration Section | | | Registration Section | | | |
| Division of Corporations | | | Division of Corporations | | | |
| | n Building | | | P. O. Box 6327 | | |
| | Executive Cer | | | Talla | hassee, | FL 32314 |
| Tallah | assee, FL 32 | 301 | | | | |

4 4 3

CERTIFICATE OF DISSOLUTION FOR

| Fleming's | s/Pasadena-I, Limited Partner | ship |
|--|--------------------------------|---------------------------------------|
| (Name of Florida Limited I | Partnership or Limited Liabili | ty Limited Partnership) |
| Pursuant to the provisions of section partnership or limited liability limited liability limited partnership or limited liability limited partnership or limited liability limited partnership limited liability liability limited l | ted partnership, whose c | |
| FIRST: Reason for dissolution: (| State why partnership is | submitting dissolution) |
| The entity is no longer in use. | | - |
| | | |
| | | |
| | | |
| SECOND: A Notice of Disso (Check box if atta- | = =:= | |
| THIRD: Effective date, if other than the | date of filing: | |
| (Effective date cannot be prior to nor mor Department of State) | e than 90 days after the date | this document is filed by the Florida |
| Signatures of each general partner s. 620.1803(3) or (4), F.S.: | or the person appointed | pursuant to |
| Joseph Kadow, Exec VP & Secretary of UHEACH AFRAMING'S ILLC 1 HTG | corregol partitur | |
| Filing Fee; | \$52.50 | |