## A050000515

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
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G. MCLEOD

MAY - 1 2012

**EXAMINER** 



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04/27/12--01012--025 \*\*\$2.50

12 APR 27 AM IO: 36

## **COVER LETTER**

Division of	Corporations		
		nga-I, Limited Partner ip or Limited Liability Lim	
The enclosed Certif	icate of Dissolution an	nd fee(s) are submitted	for filing.
Please return all con	respondence concerni	ng this matter to:	
Karen Davis	(Contact Person)		
OSI Restauran	_		
2202 N West S	hore Blvd., 5th Fl	oor	
Tampa, FL 336	607		
	(City, State and Zip Code)		
For further informa	tion concerning this m	atter, please call:	
Karen Davis		at ( 813 ) 282	2-1225
(Name of Con	tact Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
▼ \$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 ADDRES	SS:	MAILING.	ADDRESS:
Registration Section		Registration Section	
Division of Corpora	ntions		Corporations
Clifton Building		P. O. Box 6327	
2661 Executive Cer		Tallahassee,	FL 32314
Tallahassee FL 32	301		

## CERTIFICATE OF DISSOLUTION FOR

Fleming's/Rancho Cucamonga-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 3/14/2005, assigned Florida document number_A05000000515, hereby submits this Certificate of Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
No longer doing business	_
	_
	- =
	2 APR
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)	27 M
THIRD: Effective date, if other than the date of filing:	Ю: 36
(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.	_
Joseph J. Kadow	-
Authorized Representative of  OSI/Fleming's, LLC, General Partner Filing Fee: \$52.50  Certified Copy (optional): \$52.50  Certificate of Status (optional): \$8.75	-