## AU5000000774

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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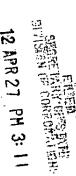
LP11/51

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**B. KOHR** 

MAY - 2 2012

**EXAMINER** 



## **COVER LETTER**

TO:	Registration Division of Control	Section Corporations		4
SUBJ		/Desert Ridge, Limited Par Florida Limited Partnersh		nited Partnership)
The er	nclosed Certifi	icate of Dissolution an	d fee(s) are submitted	for filing.
Please	return all cor	respondence concernit	ng this matter to:	
Kare	n Davis	(Contact Person)		
<u>OSI I</u>	Restaurant	Partners, LLC (Firm/Company)	<u> </u>	
2202	! N West S	hore Blvd., 5th Flo (Address)	oor	
<u>Tam</u> ,	<u>oa, FL 336</u>			
	(	(City, State and Zip Code)		
For fu	rther informat	ion concerning this ma	atter, please call:	
Karen l			at ( <u></u>	2-1225
	(Name of Cont	act Person)	(Area Code and I	Daytime Telephone Number)
Enclos	sed is a check	for the following amou	unt:	
☑ \$52.5	0 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
Registe Division Cliftor 2661 E	ET ADDRES ration Section on of Corpora n Building Executive Cen assee, FL 323	tions ter Circle	Registration	Corporations 327

## CERTIFICATE OF DISSOLUTION FOR

Bonefish/Desert Ridge, Limited Partnershi	ip	THE STATE OF
(Name of Florida Limited Pa	Partnership or Limited Liability Limited Partnership)	100
partnership or limited liability limited Florida Department of State on 4/20	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with to 20/2005. Assigned Florid hereby submits this Certificate of	he
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	
No longer doing business		
		<del></del> -
SECOND: A Notice of Disso (Check box if attack)		
THIRD: Effective date, if other than the d	date of filing:	<u></u> .
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the F	lorida
Signatures of each general partner os. 620.1803(3) or (4), F/S.:	or the person appointed pursuant to	
Joseph J. Kadow		
Authorized Representative of		
Bonefish Grill, LLC, General Par		
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	