## A0600000000000787

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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TALL APR 27 PH 3: 57
SECRLIANT OF STATE
TALL ANIASSEE, FLORID.

C. LEWIS

APR 3 0 2012

EXAMINER

## COVER LETTER

TO: Registration Division of	Section Corporations		
	ng's/Walnut Creek, Li f Florida Limited Partnersh	mited Partnership ip or Limited Liability Limi	ited Partnership)
The enclosed Certi	ficate of Dissolution ar	nd fee(s) are submitted	for filing.
Please return all co	rrespondence concerni	ng this matter to:	
Karen Davis	(Contact Person)		
OSI Restauran	t Partners, LLC (Firm/Company)		
2202 N West S	Shore Blvd., 5th Fl (Address)	oor	
Tampa, FL 336	607		
	(City, State and Zip Code)		
For further informa	ation concerning this m	atter, please call:	
Karen Davis		at ( <u>813</u> ) 282-1225	
(Name of Contact Person)		(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
<b> \$52.50</b> 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 ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Ce		Tallahassee,	FL 32314
Tallahassee, FL 32	.301		

## CERTIFICATE OF DISSOLUTION **FOR**

FILED 12 APR 27 PM 3: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Fleming's/Walnut Creek, Limited Partnership 1 ALL AHASSE
(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 6/16/2006 a, assigned Florida document number_A06000000787, hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
No longer doing business
SECOND: A Notice of Dissolution is attached. (Check box if attached.)
THIRD: Effective date, if other than the date of filing:
(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