

A67000000216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

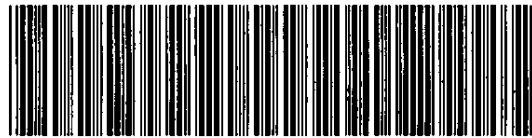
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 26 PM 2:14

T. HAMPTON

APR 27 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIGI New Mexico Services, Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karen Davis
(Contact Person)

OSI Restaurant Partners, LLC
(Firm/Company)

2202 N West Shore Blvd., 5th Floor
(Address)

Tampa, FL 33607
(City, State and Zip Code)

For further information concerning this matter, please call:

Karen Davis at (813) 282-1225
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



2202 N. West Shore Blvd.
5th Floor
Tampa, FL 33607

813.282.1225

www.osirestaurantpartners.com

April 23, 2010

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Certificate of Dissolution

Dear Sir or Madam:

Enclosed is the Certificate of Dissolution for the following entities.

- BFG Nevada Services Limited Partnership
- CIGI New Mexico Services Limited Partnership
- ROYS Georgia Services Ltd.

Also enclosed are 3 checks in the amount of \$52.50 made payable to Florida Dept of State for the filing fee of each entity.

Please return evidence of the filings it in the pre-paid envelope provided

If you should have any questions, or need any further information, please feel free to contact me at 813-282-1225.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen Davis'.

Karen Davis
Legal Assistant

Enclosures

CC: Julie Skukalek



**CERTIFICATE OF DISSOLUTION
FOR**

CIGI New Mexico Services, 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 2/1/2007, assigned Florida document number A07000000210, 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(2) or (4), F.S.:

Joseph J. Kadow

Authorized Representative of
Carrabba's Italian, LLC, General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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