

A0700000219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300298337503

04/25/17--01028--013 **61.25

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR 25 PM 3:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSF Illinois Services, Ltd
(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:

Ralph Urena
(Contact Person)
Bloomin' Brands, Inc.
(Firm/Company)
2202 N West Shore Blvd., 5th Floor
(Address)
Tampa, Florida 33607
(City, State and Zip Code)

For further information concerning this matter, please call:

Ralph Urena at (813) 830-4021
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 25 PM 3:35

**CERTIFICATE OF DISSOLUTION
FOR**

OSF Illinois Services, Ltd

(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 January 31, 2007, assigned Florida document number A07000000219, 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.:

Outback Steakhouse of Florida, LLC

By: _____

Joseph J. Kadow, Executive Vice President

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

17 APR 25 PM 3:35

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA