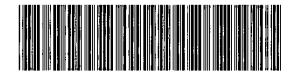
A0100000247

(Requestor's Name)
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PICK-UP WAIT MAIL
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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of	n Section Corporations			
	Wisconsin Service	es, Ltd ip or Limited Liability Lim	Stand Development Lan	-
`			• •	
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 Restaurar	nt Partners, LLC (Firm/Company)			
2202 N West S	Shore Blvd., 5th Fl	oor		
	(Address)			
Tampa, FL 330	607			
•	(City, State and Zip Code)			
For further informa	ation concerning this m	atter, please call:		
Karen Davis			2-1225	2
(Name of Co	ntact Person)	(Area Code and D	Daytime Telephone mmber)	Ë
Enclosed is a check	k for the following amo	ount:	RETAF AHAS	
☑ \$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	
STREET ADDRESS:		MAILING	ADDRESS: 현취 :	3 .
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327 Tallahassee, FL 32314		
2661 Executive Center Circle Tallahassee, FL 32301		i alianassee,	FL 32314	

CERTIFICATE OF DISSOLUTION FOR

CIP Wisconsin 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 2/2/2007, assigned Florida document number_A07000000247, 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.)
(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
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Department of State.) Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4). IS:
Joseph J. Kadow
Authorized Representative of
OS Tropical, LLC, General Partner
Filing Fee: \$52.50
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75