

A07 000000252

(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



500173958105

04/01/10--01024--004 \*\*52.50

T. CLINE

APR - 2 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 APR - 1 PM 12:42

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CIP Virginia 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<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing<br>Certified Copy, and<br>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

2010 APR -1 PM 12:42  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CERTIFICATE OF DISSOLUTION  
FOR**

CIP Virginia 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 2/2/2007, assigned Florida document number A07000000252, 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  
OS Tropical, LLC, General Partner  
Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

2010 APR - 1 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED