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. (Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	. #\
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
	•	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/01/10--01022--002 **52.50

O APR -1 PM 12: 02

COVER LETTER

TO: Registration Division of C					
SUBJECT: BFG Arizona Services, Limited Partnership (Name of Florida Limited Partnership or Limited Liability Limited Partnership)					
The enclosed Certifi	cate of Dissolution an	d fee(s) are submitted f	for filing.		
Please return all corr	respondence concerni	ng this matter to:			
Karen Davis	(Contact Person)				
OSI Restaurant	Partners, LLC (Firm/Company)				
2202 N West SI	nore Blvd., 5th Fl	oor			
Tampa, FL 336	07				
	City, State and Zip Code)				
For further informat	ion concerning this ma	atter, please call:			
Karen Davis		at (<u>813</u>) 282	2-1225		
(Name of Cont	act Person)	(Area Code and D	aytime Telephone Number)		
Enclosed is a check	for the following amo	unt:			
☑ \$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 Certificate of Status		
STREET ADDRESS:		MAILING A	ADDRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Cen		Tallahassee,	FL 32314		
Tallahassee, FL 323	301				

CERTIFICATE OF DISSOLUTION FOR

FILED

10 APR -1 PM 12: 02

BFG Arizona Services, Limited Pa	ted Partnersh	i p Liability Li	FALL AHASSEE, FLORID
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 3/21 document number A07000000471 Dissolution.	ed partnership, wh /2007	nose certif	icate was filed with the, assigned Florida
FIRST: Reason for dissolution: (S	tate why partners	hip is sub	mitting dissolution)
No longer doing business			
			Andrew - 1, 100 -
SECOND: A Notice of Disso (Check box if attact THIRD: Effective date, if other than the d	ched.)		
(Effective date cannot be prior to nor more Department of State.)	-	he date this o	document is filed by the Florida
Signatures of each general partner os. 620.1803(3) of (4). F.S.: Joseph J. Kadow	r the person appo	inted purs	uant to
Authorized Representative of Bonefish Grill, LLC, General Part	iner .		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		