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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
<u></u>	☐ WAIT	·
(Business Entity Name)		
(Do	cument Number)	
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CT CORPORATION

May 19, 2005

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

ASTORIAN ON THE OR AND THE OR AND

Re:

Order #: 6363041 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Hops of Louisiana, Ltd. (FL) Cancellation Florida

Hops of Louisiana, Ltd. (FL) Obtain Document - Misc - Certified Copy Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Stephanie Sanders Fulfillment Specialist Stephanie_Sanders@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

CERTIFICATE OF CANCELLATION FOR

Hops of Louisiana, Ltd.

(Insert name currently on file with Florida Dept. of State)

SAN TO

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on January 19, 1999, hereby submits this Certificate of Cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

The limited partnership is being dissolved pursuant to the terms of the Modified Joint Plan of Reorganization of Avado Brands, Inc. and its Affiliated Debtors and Debtors in Possession, dated April 20, 2005, under Chapter 11 of the United States Bankruptcy Code.

SECOND: This Certificate of Cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:

Hops Grill & Bar, Inc., Sole General Partner

∌ercy V. Williams, Secretary