

**A9900000/444**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : OUTBACK STEAKHOUSE  
Account Number : 072731001666  
Phone : (813) 282-1225  
Fax Number : (813) 281-2114

**DISS/TERM/CANCEL/REV OF LP/LLP**  
**OUTBACK/ATLANTA LIMITED PARTNERSHIP**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$113.75

RECEIVED  
07 APR -9 PM 2:46 2007 APR -9 AM 9:50  
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TALLAHASSEE, FLORIDA  
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*OK*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Outback/Atlanta, 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:

Ariane McQueen

(Contact Person)

OSI

(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:

Ariane McQueen

(Name of Contact Person)

at ( 813 ) 282-1225

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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:**

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

2007 APR -9 AM 9:50

# **CERTIFICATE OF DISSOLUTION FOR**

**Outback/Atlanta, 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 9/01/1999, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

Entlty no longer in use

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: upon 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. Caplow, Executive VP: Secretary  
of Outback Steakhouse of Florida, Inc.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 APR -9 AM 9:50

FILED