## 7/1/38

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**ASSIGNMENT** 

N. CAUSSEAUX

MAR 2 4 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Bloomin' Onion

(Name of Mark to be assigned)

Dear Sir or Madam:

The enclosed Mark Assignment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Braun Lefferts
(Name of Person)

Outback Steakhouse of Florida, 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:

Dolorene Sackman

at (813) 282-1225, Ex. 1358 (Area Code & Daytime Telephone Number)

(Name of Person)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILING FEE: \$50 per class

## ASSIGNMENT OF MARK REGISTRATION 1. The mark to be assigned is: Bloomin' Onion 2. Registration Number: T11138 3. (a) Assignor's name: Outback Steakhouse of Florida, LLC 2202 N. West Shore Blvd., 5th Floor (b) Assignor's Business Address: Tampa, FL 33607 City/State/Zip If Different, Assignor's Mailing Address: City/State/Zip 4. (a) Assignee's name: OS Asset, Inc. 2202 N. West Shore Blvd., 5th Floor (b) Assignee's Business Address: Tampa, FL 33607 City/State/Zip If Different, Assignee's Mailing Address: City/State/Zip (c) Assignee's telephone number: (813 282-1225, Ex. 1358 Limited Liability Company Joint Venture Individual ✓ Corporation General Partnership Limited Partnership Union Other: \_\_\_\_\_ If other than an individual, (1) Florida registration/ document number: P9900084686 (3) Federal Employer Identification Number: 59-3602393

5. All right, title and interest in used (or that part of the good w				
assigned by Outback Steaki	nouse of Florida,	LLC to OS Asset, I	nc.	
(the As			(the Assignee)	
6. Assignor's Signature:	# Series		1888	
By Kelly Braun Left (Typed or Printed Name	of Person Signing Abo		23 TO	
On this 2 md day of Feb personally appeared before m				
who is personally known to  (Notary Seal)  (KMAN  16464  19, 2012  10 LOHENE M. SACKMAN  Commission DD 746464  Expires February 9, 2012  10 Assignee's Signature.	Frenevan	ntity I proved on the basis o	f	
(Typed or Printed Name	of Person Signing Abo			
On this day of personally appeared before me,  who is personally known to  (Notary Seal)	me  whose identif	ty I proved on the basis of _		
DOLORENE M. SACKMAN Commission DD 746464 Expires February 9, 2012 Bonded Thru Troy Fain Injurgros 800468-7019		of Notary Public		

FILING FEE: \$50 per class
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314