

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000000653

**Entity Name:** OSI/FLEMING'S, LLC

**Current Principal Place of Business:**

2202 NORTH WEST SHORE BLVD.  
5TH FLOOR  
TAMPA, FL 33607

**Current Mailing Address:**

2202 NORTH WEST SHORE BLVD.  
5TH FLOOR  
TAMPA, FL 33607 US

**FEI Number:** 59-3599793

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEFFERTS, KELLY  
2202 NORTH WEST SHORE BLVD.  
5TH FLOOR  
TAMPA, FL 33607 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** KELLY LEFFERTS

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER

Name OS PRIME, LLC

Address 2202 NORTH WEST SHORE BLVD.  
5TH FLOOR

City-State-Zip: TAMPA FL 33607

Title MANAGING MEMBER

Name FPSH LIMITED PARTNERSHIP

Address 2202 NORTH WEST SHORE BLVD.  
5TH FLOOR

City-State-Zip: TAMPA FL 33607

Title MANAGING MEMBER

Name AWA III STEAKHOUSES, INC.

Address 2202 NORTH WEST SHORE BLVD.  
5TH FLOOR

City-State-Zip: TAMPA FL 33607

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KELLY LEFFERTS

**EXECUTIVE VICE  
PRESIDENT**

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date