

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001893

**Entity Name:** OUTBACK CATERING DESIGNATED PARTNER, LLC

**Current Principal Place of Business:**

2202 N WEST SHORE BLVD., 5TH FLOOR  
LEGAL DEPT  
TAMPA, FL 33607

**Current Mailing Address:**

2202 N WEST SHORE BLVD., 5TH FLOOR  
LEGAL DEPT  
TAMPA, FL 33607

**FEI Number:** 20-8719164

**Certificate of Status Desired:** No

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

KADOW, JOSEPH J  
2202 N WEST SHORE BLVD., 5TH FLOOR  
LEGAL DEPT  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           OUTBACK CATERING, INC.  
Address       2202 N 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:** JOSEPH J. KADOW

**AUTHORIZED  
REPRESENTATIVE**

**01/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date