State of Rho Office of the Sec	
Division Of Bus	iness Services
148 W. Riv	
Providence RI	
(401) 222	2-3040
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025	
1. ID No. <u>000592297</u>	
2. Exact Name of the Limited Liability Company <u>OUTBACK STEAKHOUSE OF FLORIDA,</u> <u>LLC</u>	
3. State of Formation	
State: <u>FL</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>722511</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
FULL SERVICE RESTAURANT COMPANY	
5. Principal Office Address	
No. and Street: <u>2202 N. WEST SHORE BOULEVARD, 5TH</u> FLOOR	
City or Town: <u>TAMPA</u>	State: <u>FL</u> Zip: <u>33607</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title: No. and Street: <u>2202 N. WEST SHORE BLVD.</u> <u>5TH FLOOR</u>	
City or Town: <u>TAMPA</u>	State: FL Zip: <u>33607</u> Country: <u>USA</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of April, 2025 at 4:32:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KELLY LEFFERTS

Signature of Authorized Person

Form No. 632 Revised 09/07

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