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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION (FOR PROFIT
DOCUMENT NUMBER: <u>PO10000 35130</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHXD SAPP (239 775 1179) (Name of Person)
AUTO Sport XCLESSORIES (Name of Firm/Company)
PMB # 116 4888 DOWS PLUD
(Address)
Wardes, Folion 34104 (City/State/and Zip Code)
For further information concerning this matter, please call:
A A Suppose A A Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\square\$ \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section  Division of Corporations  Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Autospoer Xuessocies Interporated
SECOND:	The document number of the corporation (if known): Polococ 35 130
THIRD:	The date dissolution was authorized: MARCH 5, 2005
	Effective date of dissolution if applicable: MARCH 5, 2005 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by of the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	Signed this day of,
	Signature:  (By a director, president or other different directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	CHAD Scot Supple (239 775 1179)  (Typed or printed name of person signing)
	PRESIDE UT (Title of person signing)

Filing Fee: \$35