

PD5000074051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

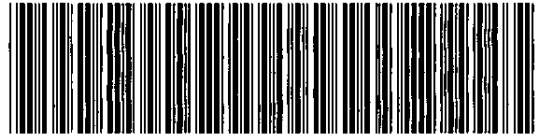
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLC Diss  
4/6/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNCOAST COBRA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000074051

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

JERRY OGILVIE  
(Name of Person)

SUNCOAST COBRA INC  
(Firm/Company)

6150 CLARK CENTER AVE  
(Address)

SARASOTA FL 34238  
(City/State and Zip code)

For further information concerning this matter, please call:

JERRY OGILVIE at ( 941 ) 650-2437  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

SUNCOAST COBRA, INC.

SECOND: The document number of the corporation (if known): P05000074051

THIRD: The file date of the articles of incorporation: MAY 20 2005  
DEC 31 2005

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: \_\_\_\_\_

(By a director, president or other officer - if 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.)

SERRY A. OGILVIE

(Typed or printed name of person signing)

PRES

(Title of Person Signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35