PD5000124401

(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
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William War

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: OGILVIE SPORT & INCORPORTS INCOME (Name of Corporation)			
DOCUMENT NUMBER: <u>PO5000124401</u>			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
hathleen M. Dailvie (Name of Person)			
Ogilvie Sport + Import, Inc (Firm/Company)			
1601 DeSoto Road (Address)			
Sarasofa, FL 34234 (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	nt of St	ate:	
	Ogilvie Sport + Import, In	1c.		
SECOND:	The document number of the corporation (if known): Posoco 124	401		
THIRD:	The file date of the articles of incorporation: _Sept 8 2005			
FOURTH:	(CHECK AT LEAST ONE BOX)	Z £	09	
	None of the corporation's shares have been issued.	CAHAS	APR -	-
	The corporation has not commenced business.	OF OF	2 A	רביט
FIFTH:	No debt of the corporation remains unpaid.	STAT	<u> </u>	
SIXTH:	The net assets of the corporation remaining after winding up have been dito the shareholders, if shares were issued.	Stribute	d d	
SEVENTH:	Adoption of Dissolution (CHECK ONE)			
	A majority of the incorporators authorized the dissolution.			
	A majority of the directors authorized the dissolution.			
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fieldciary, by that fiduciary.)	ъп іпсогро	rator ~	if
	(Typed or printed name of person signing)			
٠	Hesiden+ (Title of Person Signing)			

Filing Fee: \$35