A08 0000000 6161

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Oity/State/Zip/Filone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J DENNIS					
JUL 2 4 7023					

Office Use Only



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SELRETARY OF STATE

COVER LETTER

TO: Reg	istration	Section				
Division of	Corpora	ntions				
SUBJECT:	ORION	ORION PROPERTY MANAGEMENT, LP				
SUBJECT: (Name of Florida Limited Partnership or Limited Liability Limited Partnership)						
	n all co	icate of Dissolution arrespondence concerni		tted for filing.		
		(Contac	t Person)			
ORION PRO	PERTY N	MANAGEMENT, LP				
		(Firm/C	ompany)			
4923 HERITA	AGE PAR	K BLVD.				
		(Addr	ress)			
TALLAHAS	SEE, FL	32311				
		(City, State ar	nd Zip Code)			
For further	informa	tion concerning this m	natter, please call:			
DIANA P. RA	AMIREZ		813 at (842-0476		
	(Name	of Contact Person)	(Area Code)	(Daytime Telephone Number)		
Enclosed is	a check	for the following amo	ount:			
□\$ 52.50 Fil	ing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing I and Certified Co			
STREET A	ADDRE	SS:	MAIL	ING ADDRESS:		
Registration Section			Registration Section			
Division of Corporations Clifton Building			Division of Corporations P. O. Box 6327			
2661 Executive Center Circle			Tallahassee, FL 32314			

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION **FOR**

(Name of Florida Limited Partnership of	r Limited Liability Limited Partnership)					
•	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the VEMBER 19, 2008, assigned Florida, hereby submits this Certificate of					
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)					
GENERAL PARTNER (NORTHSTAR PROBATE LIQUIDATORS) HAS BEEN DISSOLVED						
AND PARTNERSHIP HAS CEASED AI	LL BUSINESS ACTIVITIES.					
	lution is attached.					
SECOND: A Notice of Dissolution is attached. (Check box if attached.)						
	7					
Department of State.)	e than 90 days after the date this document is filed by the Florida es not meet the applicable statutory filing requirements, this date v					
Signatures of each general partner or the p Virtue P. Tomas (RA) North Start Pobale Lightate Sen. Partner	person appointed pursuant to s. 620.1803(3) or (4), F.S.:					
Filing Fee:	\$52.50 \$52.50					
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75					

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or ORION PROPERTY MANAGEMENT, LP	,	
Description of information that must be inc	luded in a claim:	2023 HA
A brief description of the nature of the claim, the ar	mount of the claim, and the date the claim was incurr	- L
		P# -:
Mailing address where claims can be sent:	(Claims cannot be sent to the Florida Department of State)	50 /
4923 Heritage Park Blvd.		
Tallahassee, FL 32311		
A claim against the above named limited p will be barred unless a proceeding to enfort 4 years after the filing of the notice.	artnership or limited liability limited partner ce the claim is commenced within	 rship
Signature of a general partner or a principa	I of the successor entity:	
NorthStar Probate Liquidators Inc.	Dyank. Penns (PA	
Printed Name	Signature	,—

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

FILED
SECRETARY OF STATE
SECRETARY OF STATE