

K15955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

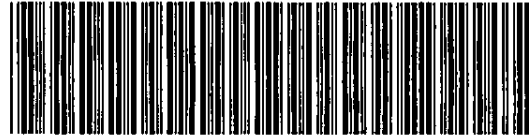
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/13--01009--009 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY -9 PM 12:11

RA/RES
@ 5/13/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orion Bancorp, Inc.
(Name of Corporation)

DOCUMENT NUMBER: K15955

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas R. Lehman, P.A.

(Name of Person)

Levine Kellogg Lehman et al

(Name of Firm/Company)

201 S. Biscayne Blvd., 22nd Floor

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2013

THOMAS R. LEHMAN, P.A.
201 S. BISCAYNE BLVD
22ND FLOOR
MIAMI, FL 33131

SUBJECT: ORION BANCORP, INC.
Ref. Number: K15955

We have received your document for ORION BANCORP, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 513A00009785

RECEIVED
13 MAY - 9 AM 8:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Thomas R. Lehman, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for Orion Bancorp, Inc.

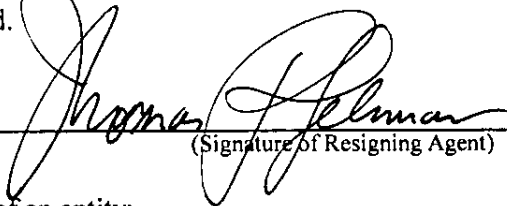
(Name of Corporation)

K15955

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY -9 PM 12:11