11000049051

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
SEP. 1 2012			
L. SELLERS			

Office Use Only



100238191121

08/10/12--01021--016 **85.00

12 AUG 30 FH 4: 84
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT:	ORION HOLDINGS V, Name of Limited Liability Co	LLC	
DOCUMENT NUMBER:			
The enclosed Resignation of Refor filing.	egistered Agent for a Limited Li	ability Company and fee are submitted	
Please return all correspondence	ee concerning this matter to the f	Collowing:	
ROBIN Name of	MOLT Person		
CORPORATION SE			
80 STATE STR	EET 10TH FL		
ALBANY N City/State and	Y 12207		
	future annual report notification)		
For further information concern	ning this matter, please call:		
ROBIN MOLT Name of Person	at (518) Area Code &	433-7018 Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2012

ROBIN MOLT CORPORATION SERVICE COMPANY 80 STATE STREET, 10TH FLOOR ALBANY, NY 12207

SUBJECT: ORION HOLDINGS V, LLC

Ref. Number: L11000049051

We have received your document for ORION HOLDINGS V, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 912A00020866

12 AUG 30 PH 4: 04
SECHETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 608.416(2) or 608.509, Fi	orida Statutes, the undersigned,
CORPORATION	SERVICE COMPANY	, hereby resigns as
Name of I	Registered Agent	<u> </u>
Registered Agent for	ORION HO	LDINGS V, LLC
	Name of Limited Liability Comp	any,
L1100004905	1	
Document Number, if kn	own	
A copy of this resignation was ma	ailed to the above listed limite	ed liability company at its last known address.
If signing on behalf of an entity:	RPORATION SERVICE COM Signature of Resig	10lt
,	ROBIN MOLT	-
 	Typed or Printed Name	
	asst secretary	/
	Capacity	
Make (FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative withdrawn lin checks payable to Florida Dep Division of Corp P.O. Box 6. Tallahassee, FL	orations CO TO TO

INHS17 (08/05)