

L14000024204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

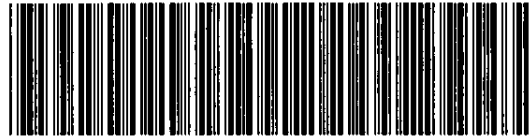
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 8 2015

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORION PRODUCTS LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Leming  
(Name of Person)

ORION PRODUCTS LLC  
(Firm/Company)

2071 BALDWIN ROAD  
(Address)

Lapeer, Michigan 48446  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Steve Leming at (248) 842-5601  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

ORION PRODUCTS LLC

2. The Articles of Organization were filed on 2/13/2014 and assigned

document number L14000024204

3. The delayed effective date the dissolution if not effective on the date of filing: Date of Filing  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

ORION PRODUCTS LLC IS NO LONGER  
NEEDED IN FLORIDA OR TO EXIST AS  
AN ENTITY.

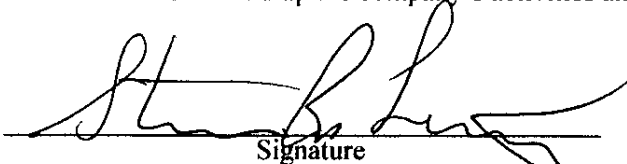
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

STEVEN R. LEMING

EVA M. LEMING

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

STEVEN R. LEMING  
Printed Name

**FILING FEE: \$25.00**