## P12000066825

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
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SECRETARIAN STATE

(PRM) 10-23-14

## TRANSMITTAL LETTER

SUBJECT: 6RION ENTENPLISES INC (Name of Corporation)
DOCUMENT NUMBER: \$12,000066825
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)  OR ION ENTERPLISES IM  (Name of Firm/Company)  908 South 2) and Sheet  (Address)  Ample A 37605  (City/State and Zip Code)  For further information concerning this matter, please call:  ARESH SHAM at (818) 841-1025  (Name of Person)  (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ĭ,_	SHITAL ALPESHKUMAR SHAMEreby resign as_	VICE.	PLES 10ES (Title)	υ <u></u>
of_	ORION ENTERPRISES INC. (Name of Corporation)			,
	P1200066835 , a corporation organized und (Document Number, if known)  FloR10A .	ler the laws of	the State of	
	(Signature of resigning officer/director	jah	14 OCT 15 PH 3: 41 SECRETARI D' STATE TALLAHASSET, EL GRI	TI

FILING FEE IS \$35.00.

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314