

4400056543

(Requestor's Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip/Phone #) \_\_\_\_\_

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☐ WAIT

☐ MAIL

(Business Entity Name) \_\_\_\_\_

(Document Number) \_\_\_\_\_

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MAR 18 2016

S. YOUNG

*The Law Office of*  
**Anita L. Barber, P.A.**

Anita L. Barber\*

\*Admitted FL and GA Bars  
LL.M. in Taxation  
Certified Public Accountant

1412 Trovillion Avenue, Winter Park, Florida 32789  
Mailing: P.O. Box 1718, Winter Park, Florida 32790  
Web Site: [www.abarberlaw.com](http://www.abarberlaw.com)  
Telephone: 407-472-0595  
Facsimile: 407-472-0594

Richard G. Shanklin  
Chief Operating Officer

March 15, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Resignation of Registered Agent

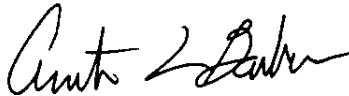
Dear Sir or Madam,

Please find enclosed the Florida Division of Corporations Cover Letter and Statement of Resignation of Registered Agent for a Limited Liability Company regarding Pretium Properties LLC Document #L14000056543.

Please call me should you have any questions.

Very truly yours,

Anita L. Barber, P.A.



Anita L. Barber, Esq.

Enclosures  
cc: George Sautter, Manager

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAR 17 PM 2:21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pretium Properties LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000056543

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anita L. Barber, Esq.

Name of Person

Anita L. Barber, P.A.

Name of Firm/Company

P.O. Box 1718

Address

Winter Park, FL 32790

City/State and Zip Code

geosautter@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita L. Barber, Esq.

Name of Person

at (407)

Area Code

472-0595

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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Anita L. Barber, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for Pretium Properties LLC

Name of Limited Liability Company

L14000056543

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314