

M 22 00000 12867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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STATE OF FLORIDA

DEPARTMENT OF REVENUE

69

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 256404 7993509

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : December 16, 2022

ORDER TIME : 2:18 PM

ORDER NO. : 256404-005

CUSTOMER NO: 7993509

FOREIGN FILINGS

NAME: PRETIUM PARTNERS, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## **COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pretium Partners, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M22000012867

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie A. West, Paralegal  
(Name of Contact Person)

Sidley Austin LLP  
(Firm/Company)

60 State Street, 36th Floor  
(Address)

Boston, MA 02109  
(City/State and Zip Code)

For further information concerning this matter, please call:

Natalie A. West at ( 617 ) 223-0359  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is enclosed) |
|---|--|---|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESOLUTION TO WITHDRAW  
ALTERNATE NAME IN THE STATE OF  
FLORIDA PURSUANT TO  
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of

Pretium Partners, LLC, a limited liability  
(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware.  
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Pretium Partners (Florida), LLC  
(Alternate Name Renounced in State of Florida)

  
\_\_\_\_\_  
Signature of Authorized Person

December 16, 2022  
\_\_\_\_\_  
Date

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

STATE OF FLORIDA  
TALLAHASSEE, FL

2022 DEC 16 AM 10:07

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