L21000045678

| (Re | questor's Name) | |
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| . (Ad | dress) | |
| | dress) | |
| (Ad | aless) | |
| (Cit | ry/State/Zip/Phone | : #) |
| • | , | • |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | siness Entity Nam | ne) |
| | | |
| (Do | cument Number) | · · |
| | | |
| Certified Copies | _ Certificates | of Status |
| <u></u> | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| ~ | istration Section sion of Corporations | | |
|--------------|---|-----------------------|---|
| SUBJECT: | WS CAPITAL ADVISORS LLC | | |
| SUBJECT | | Limited Liability Cor | mpany) |
| The enclose | ed member, resignation or diss | ociation and fee(s | s) are submitted for filing. |
| Please retur | n all correspondence concerni | ng this matter to: | |
| Kevin Westbe | erg | | |
| | (Contact Person) | | _ |
| | (Firm/Company) | | _ |
| | | | |
| 5459 SW 190 | | | _ |
| | (Address) | | |
| Miramar FL I | 33029 | | |
| | (City/State and Zip Code) | | _ |
| For further | information concerning this ir | natter, please call: | |
| Kevin Westb | егц | 323 at (| 791-0249) |
| () | Name of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed pl | lease find a check made payab | le to the Florida I | Department of State for: |
| ≣ \$25 Filir | ng Fee | □ \$55 Filin | g Fee & Centified Copy |
| Reg | ling Address: istration Section | | Street Address: Registration Section |
| | ision of Corporations | | Division of Corporations The Centre of Tallahassee |
| | . Box 6327 ahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| | Inited liability company a | as it appears on the records of the | Florida Dep | artment |
|---------------------------------------|--|--------------------------------------|--------------|-------------|
| 2. The Florida docu | iment/registration number | assigned to this limited liability c | ompany is: | |
| 1.21000045678 | | , | | |
| 3. The date this me | mber/manager withdrew/re | esigned or will withdraw/resign is | 12/28/2021 | |
| 4. I. Kevin Westberg | | . hereby withdraw/resign a | s a | |
| (Print N | ame of Person Resigning) | hereby withdraw/resign a | | |
| Manager | | | | |
| | (Print Title) | | | |
| of this limited lia resignation in wr | | the limited liability company has | been notifie | d of my |
| Signature of Di | ssociating Member or Res | igning Manager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | TÄLLAH | 1075 JNI |

Please process the attached resignations:

| Doc Number | Entities | Fee |
|--------------|---------------------------------------|----------|
| M21000005206 | WS CAPITAL SERIES FUND, LLC | \$25 00 |
| M21000005570 | WS CAPITAL SERIES FUND, LLC SERIES I | \$25.00 |
| M21000005574 | WS CAPITAL SERIES FUND, LLC SERIES II | \$25.00 |
| L21000185664 | WS CAPITAL FUND MANAGEMENT, LLC | \$25.00 |
| L21000185688 | WS CAPITAL LOAN SERVICES, LLC | \$25.00 |
| L21000045678 | WS CAPITAL ADVISORS LLC | \$25.00 |
| | | \$150.00 |

See check attached for \$150.

Thank you,

Kevin Westberg