

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000074023

**Entity Name:** VOXTUR SETTLEMENT SERVICES, LLC

**Current Principal Place of Business:**

5404 CYPRESS CENTER DRIVE  
SUITE 300  
TAMPA, FL 33609

**Current Mailing Address:**

5404 CYPRESS CENTER DRIVE - STE. 150  
TAMPA, FL 33609 US

**FEI Number:** 46-2819303

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 N CALHOUN ST #4  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title CHIEF EXECUTIVE OFFICER AND PRESIDENT, MANAGER  
Name ALBERTELLI, JAMES  
Address 5404 CYPRESS CENTER DRIVE - STE. 150  
City-State-Zip: TAMPA FL 33609

Title MGR/SECRETARY/CHIEF LEGAL OFFICER  
Name MESTAYER, STACEY  
Address 5404 CYPRESS CENTER DRIVE - STE. 150  
City-State-Zip: TAMPA FL 33609

Title CHIEF FINANCIAL OFFICER AND TREASURER, MANAGER  
Name LITTLE, ANGELA  
Address 5404 CYPRESS CENTER DRIVE - STE. 150  
City-State-Zip: TAMPA FL 33609

Title OWNER/MEMBER  
Name VOXTUR ANALYTICS US CORP.  
Address 5404 CYPRESS CENTER DRIVE - STE. 150  
City-State-Zip: TAMPA FL 33609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STACY MESTAYER

**CHIEF LEGAL OFFICER AND SECRETARY (MEMBER IF REQ.)** 04/10/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date