

# L22000117458

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

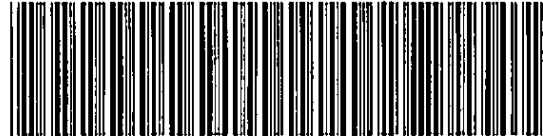
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700400654467

01/23/23--01008--023 \*\*25.00

FILED  
2023 JAN 23 AM 8:32  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WESTGATE SOLUTIONS LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

STACEY L. JOHNSTON

\_\_\_\_\_  
(Contact Person)

WESTGATE SOLUTIONS LLC

\_\_\_\_\_  
(Firm/Company)

3120 W HARTNETT AVENUE

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

TAMPA, FL 33611

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

STACEY L. JOHNSTON

\_\_\_\_\_  
(Name of Contact Person)

at ( 850 ) 960-1783  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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



FILED

2023 JAN 23 AM 8: 32

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FL

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WESTGATE SOLUTIONS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000117458

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2023

4. I, STACEY L JOHNSTON, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Stacey L Johnston*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)