122000281082

(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
	_
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
(Cocument Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
Special management to 1 ming emiser.	

Office Use Only



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COVER LETTER

TO: Reg	istration Section			
Divi	ision of Corporations			
SUBJECT:	Webster Settlement Solutions, LI	C		
SOLOLO	(Name of	Limited	Liability Cor	mpany)
The enclose	ed member, resignation or diss	sociatio	n and fee(s	s) are submitted for filing.
Please retur	n all correspondence concern	ing this	matter to:	
Samantha We	ebster			
	(Contact Person)		<u> </u>	_
Webster Settl	ement Solutions, LLC			
	(Firm/Company)			_
2662 LPGA E	3lvd. PMB 711			
	(Address)			_
Daytona Bead	ch, Florida 32124			
	(City/State and Zip Code)		•	
For further	information concerning this n	natter, p	lease call:	
Samantha Wo	ebster	at	386 (872-2996
(1	Name of Contact Person)	'''	(Area Code	2 & Daytime Telephone Number)
	lease find a check made payab			
■ \$25 Filii	ng Fee		\$55 Filin	g Fee & Certified Copy
	ling Address:			Street Address:
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Lall	lahassee, FL 32314			2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FILED

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SELACIANI SEE SIAIL
TALLAHASSEE FL

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)

	limited liability company as it appears on the records of the Florida Department
of State is: Webs	ster Settlement Solutions, LLC
2. The Florida doc L22000281082	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: August 1, 2022
Minna Turrall	, hereby withdraw/resign as a Name of Person Resigning)
(Print l	Name of Person Resigning)
Member	
	(Print Title)
of this limited lie resignation in wi	ibility company and affirm the limited liability company has been notified of my riting.
Min	in Junel
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)