## L23000411633

(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:			
Special instructions to Filing Officer.			
mill			
Office Use Only			



600418352106

11/08/23--01027--015 \*\*25.00



## COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: NASTI PASTA LLC		
(Name of Li	imited Liability Co	ompany)
The enclosed member, resignation or disso	ciation and fee	(s) are submitted for filing.
Please return all correspondence concernin	g this matter to	v:
GIUSEPPINA MORICONI		
(Contact Person)		
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	<del></del>
604 WOODRIDGE DRIVE		
(Address)		<del></del>
FERN PARK, FL 32730		
(City/State and Zip Code)		<del>_</del>
For further information concerning this ma	tter, please call	:
GIUSEPPINA MORICONI	407 at (	376-1261 
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida	Department of State for:
■ \$25 Filing Fee		ng Fee & Certified Copy
Mailing Address: Registration Section		Street Address:
Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



## 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		f the Florida Departmen
2. The Florida doc L23000411633	ument/registration number as:	signed to this limited liabil	lity company is:
4. I. ANTONIO NAS	ember/manager withdrew/resi	gned or will withdraw/resigned, hereby withdraw/resigned.	
of this limited lia resignation in wr	bility company and affirm the iting. ssociating Member or Resign	_ <b>.</b>	has been notified of the has been notified of the has been notified of the has 32
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		