P14 0000 23140

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Eddiness Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2020 SEP 28 PH 6: 51

RA Resign



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2020

SHANTELL MONIQUE COHEN LACASTA NOSTRA, INC. 9367 RIBAULT AVENUE JACKSONVILLE, FL 32208

SUBJECT: LACASTA NOSTRA, INC.

Ref. Number: P14000023140

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

THE FEE TO FILE THE RESIGNATION OF A REGISTERED AGENT FOR AN ACTIVE CORPORATION IS \$87.50. THERE IS A BALANCE OF \$52.50 STILL DUE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 620A00016336

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| SUBJECT: | |
| (Name of C | Corporation) |
| DOCUMENT NUMBER: P14000023140 | |
| The enclosed Resignation of Registered Agent for a | Corporation and fee are submitted for filing |
| Please return all correspondence concerning this ma | tter to the following: |
| Shantell Monique Cohen | |
| (Name of Person) | |
| Lacasta Nostra Inc | |
| (Name of Firm/Company) | |
| 9367 Ribault Avenuc | |
| (Address) | |
| Jacksonville, Florida 32208 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please | se call: |
| Derrick L. Smith 321 | |
| (Name of Person) (A | rea Code & Daytime Telephone Number) |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of se | ections 607.0503(2), 617.0502(2), 607.1509, or 617 | .1509, |
|---|--|--------------|
| Florida Statutes, the undersigne | ed. Shantell Monique Cohen | |
| (Name of Registered Agent) | | |
| hereby resigns as Registered Ag | Lacasta Nostra, Inc. | |
| neteby resigns as registered re | (Name of Corporation) | |
| P14000023140 | | |
| (Document Number, if know | m) | |
| A copy of this resignation was | mailed to the above listed corporation at its last kno | own address. |
| The agency is terminated and the this statement is filed. | (Signature of Resigning Agent) | on which |
| If signing on behalf of an entity | r. | 2020 SEP 28 |
| Shantell Moniqu | ue Cohen | SEP |
| (Typed or Printed Name) | | 28 |
| | | PM |
| Registered Agen | nt | 6 |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)