## P18000052246

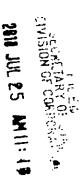
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: MONT SHASTA CORP.
(Name of Corporation)
DOCUMENT NUMBER: P18000052246
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
Alvaro Castillo B.
(Name of Person)
Castillo & Associates
(Name of Firm/Company)
1390 Brickell Ave. Suite 200
(Address)
Miami, FI 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
Alvaro Castillo at (305 )371-5540 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, Carlos E. Milano	, hereby resign as Director	
-	(Title)	
of MONT SHASTA C		
(Nam	e of Corporation)	
P18000052246 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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