L12000013820

(Requestor's Name)					
(Ad	ldress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	_	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies		of Status			
Special Instructions to Filing Officer:					
'AUG 1 4 2012					
L. SELLERS					

Office Use Only



500238121545

08/14/12--01013--021 **55.00



SCURCIANT OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: MASALA FANTASY PRO	
(Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Susan Pearson	
(Contact Person)	
MASALA FANTASY PRODUCTIO	NS, L.L.C.
(Firm/Company)	
1552 China Grove Trail	
(Address)	
Tallahassee, FL 32301	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Nitin Verma	_{at (} 850 ₎ 212-5402
(Name of Contact Person)	(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
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as SALA FANTASY PR				
2. This limited liab Florida	ility company was organized	l under the laws of:			
3. The Florida docu L12000023	iment/registration number o	f this limited liability com	ıpany is:		
_{4. I,} Nitin Verma		, hereby resign as a	, hereby resign as a Manager		
(Print Name of Person Resigning)			(Print Title)		
of this limited lial resignation in wr	oility company and affirm th	e limited liability compar	ny has been notified of my		
Signature of Pagi	gning Member, Managing N	Aember or Manager			
Signature of Kesi	gning/vicinoci, wanaging is	deliber of wianager	- Table		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		E AUG 14		