# L09000026580

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zin/Dhane 40						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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C. LEWIS

MAY 1 7 2010

EXAMINER

#### **COVER LETTER**

CR2E079 (5/06)

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	Masala Foods LLC	. 11:12: 0		
		(Name of Lin	nited Liability Co.	mpany)	
The enfiling.	closed	member, managing member of	r manager resiş	gnation and fee(s) are submitted for	
Please	return	all correspondence concerning	this matter to:		
Susr	nitha	R. Kudumula			
		(Contact Person)			
		(Firm/Company)		_	
9645	Bay	meadows Road, No. 88	39	_	
		(Address)			
Jack	sonv	ille, Fl 32256			
		(City/State and Zip Code)		-	
For fur	ther in	formation concerning this matt	er, please call:		
Riley	Willi	ams	at ( 904	425-0040	
	(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclos	ed plea	ase find a check made payable t \$25 Filing Fee		Department of State for: S55 Filing Fee & Certified Copy	
Registi Divisio Clifton 2661 E	ration Son of Con Build	OURIER ADDRESS: Section Corporations ing ve Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	



## FILED

2010 MAY 14 PM 12: 57

SECRETARY OF STATE TALLAHASSEE. FLORIDA

#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: Mas	limited liability company as sala Foods LLC	it appears on the record	s of the Florida Department
2. This limited liabi	lity company was organized	I under the laws of:	
3. The Florida docu L09000026	ment/registration number of	f this limited liability cor	npany is:
4. I, Satish K. C	Challagulla  ame of Person Resigning)	, hereby resign as a	Managing Member (Print Title)
of this limited liab resignation in writ	ility company and affirm th ling.	e limited liability compa	ny has been notified of my
Signature of Resis	gning Member, Managing N	fember or Manager	
- G	,g,	••••••••••••••••••••••••••••••••••••••	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
confined copy.	450.00 (Optional)		