

F98 000002138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

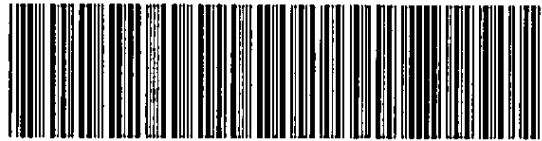
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Signature*

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02/24/21--01025--011 \*\*52.50

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2021 MAY -6 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FL

*with drawal*

JUN 03 2021

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tooricum Ltd, Inc  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F08000002138  
\_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Uday Shenoy

\_\_\_\_\_  
(Name of Person)

Southstate mangment Corporation

\_\_\_\_\_  
(Firm/Company)

605 East Robinson Street, Suite 400

\_\_\_\_\_  
(Address)

Orlando, Florida 32801

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Uday Shenoy

at ( 407 ) 843 1187

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FL

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Enclosed is a check for the amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2021

UDAY SHENOY  
SOUTHGATE MANAGMENT CORPORATION  
605 EAST ROBINSON STREET, SUITE 400  
ORLANDO, FL 32801

SUBJECT: TOORICUM LTD., INC.  
Ref. Number: F98000002138

We have received your document for TOORICUM LTD., INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 721A00008841

RECEIVED  
2021 MAY -6 PM 10:14  
JALLA...  
SECTION 1

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Tooricum Ltd, Inc

\_\_\_\_\_  
(Name of Corporation)

F98000002138

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

605 East Robinson Street

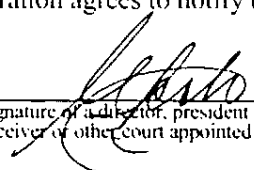
\_\_\_\_\_  
(Mailing Address)

Orlando, Florida 32801

\_\_\_\_\_  
(City/ State /Zip)

**FILED**  
**2021 MAY -6 PM 3:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2/22/21

\_\_\_\_\_  
(Date)

Uday Shenoy

\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**