

M19000010137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

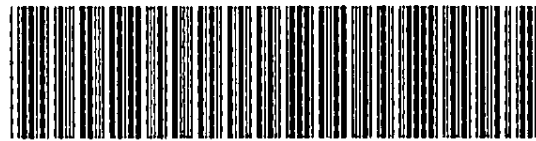
(Document Number)

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form



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11/05/20--01018--013 **25.00

11/05/20
21 JAN -8 PM 1:49
CLERK OF STATE
DIVISION OF REGISTRATIONS

withdrawal

FEB 0 9 20

D CUSH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIRUPATI MANAGEMENT LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEOKI SHARMA
(Name of Person)

TIRUPATI MANAGEMENT LLC
(Firm/Company)

30019 GANGA WAY
(Address)

WESLEY CHAPEL, FL, 33543
(City/State and Zip Code)

For further information concerning this matter, please call:

DEOKI SHARMA at (813) 428-5834
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

21 JAN - 8 PM 1:49
STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN -2 PM 8:12

December 14, 2020

DEOKI SHARMA
30019 GANGA WAY
WESLEY CHAPEL, FL 33543

SUBJECT: TIRUPATI MANAGEMENT LLC
Ref. Number: M19000010137

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 920A00025253

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TIRUPATI MANAGEMENT LLC
(Name of limited liability company)

(Jurisdiction of its organization)

10/09/2019

(Date registered with Florida Department of State)

M19000010137

(Florida Document Number)

FILED
SECRETARY OF STATE
OFFICE OF REGISTRATION
21 JAN -8 PM 1:11

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

DEOKI SHARMA

(Typed or printed name of signee)

Filing Fee: \$25.00