M11000001348

Office Use Only



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COVER LETTER

_	on Section		
Division of	of Corporations		
Inted	rity LifeSciences, LLC	•	
SUBJECT:			
	(Name of Fo	reign Limited Liability	Company) •
Dear Sir or Madan	n:		
The enclosed with	drawal and fee(s) are submitte	ed for filing	
The enclosed with	stawar and ree(s) are sactifice	a for tame.	
Please return all co	orrespondence concerning this	matter to the following	Ç
Legal Departmen	nt		
	(Name of Person)		-
TVG TRADING			
	(Firm/Company)		-
ul. Vavilova, d. 3	1 k 1		
			-
	(Address)		
Moscow Russia	77117312		
	(City/State and Zip Coo		-
	(ON) IN LINE CINE THE	,	
For further informs	ation concerning this matter, p	dosco call·	
Tot lutate tilloma	item concerning and matter, p	near cui.	
Legal Dept ("TVO	GTrading@gmail.com")	+7-985	765-8392
	Name of Person)	at ((Area Code &	Daytime Telephone Number)
STREET	COURIER ADDRESS:	MAII	LING ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Florida 32314	
	ee, Florida 32301		
Enclosed is a chec	k for the following amount:	:	
■ \$ 25 Filing Fee	□ \$30 Filing Fee &	☐ \$55 Filing Fee &	☐ \$60 Filing Fee,
= Jab Finnig Fee	Certificate of Status	Certified Copy	Certificate of Status &
	Co-tillogic of Guillo	Continue Copy	Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Integrity LifeSciences, LLC
(Name of limited liability company)
State of Delaware
(Jurisdiction of its organization)
March 14, 2011
(Date registered with Florida Department of State)
M 11000001348
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Effective Date, if other than the date of filing: June 13, 2018 (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 screecids.
(Signature of authorized representative)
(Signature of authorized representative)
Mr. Mishnenkov Sergey, Legal Corresepondence
(Typed or printed name of signee)

Filing Fee: \$25.00