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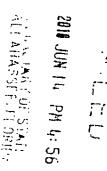
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUB	JECT:	Integrity LifeSciences, LLC		
		(Name of Lin	nited Liability Cor	прапу)
The e	nclosed	d member, resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please	e returr	n all correspondence concerning	this matter to:	
Lega	l Depa	artmen		
_		(Contact Person)	- <u>-</u>	_
TVG	TRAD	DING		
		(Firm/Company)		_
ul. Va	avilova	a, d. 31, k. 1		
		(Address)		-
Moso	cow Ri	ussia 77117312		
	<u> </u>	(City/State and Zip Code)		_
For fu	irther is	nformation concerning this matt	ter, please call:	
Lega	l Dept	("TVGTrading@gmail.com")	+7-985	765-8392
	(N	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed plo 5 Filing	ease find a check made payable (g Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
	n Buik	•		P.O. Box 6327
		tive Center Circle		Tallahassee, Florida 32314
		Florida 32301		

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	is it appears on the records of th	e Florida D	epartm	ient
of State is:	grity LifeSciences, LLC				<u>_</u> :
2. The Florida doc	ument/registration number a	assigned to this limited liability	company is	: :	
M 110000013	48				
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign	is:	018	
4. I.	son Jr	, hereby withdraw/resign	as a		
(Print N	ame of Person Resigning)				
MGR					
	(Print Title)				
		the limited liability company has	s been notif		my
resignation in wr	iting		<u>- مخر</u> 	2016	
			AHESSE	7 NOF 8182	
			(O) 24	_	٠
Signature of by	ssociating Member or Resi	gning Manager	Ħ <u>Û</u>	773	ΓŢ
	7		$\mathbb{Z}_{\phi}^{\mathbb{Z}}$	PH 4:	, . .
Filing Fee:	\$25.00 (Required)			S	C.
Certified Copy:	\$30.00 (Optional)		**	9	