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(Re	equestor's Name)	
(Ac	ldress)	
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(C)	ty/State/Zip/Phone	- +1
(CI	ty/State/Zip/Pfion	e #,
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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FEB 1 9 2016 J. HARRIS

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: QIWI TNIERNATIONAL PAYMENT SYSTEM, L (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:
DEN'S FISHMAN, ESQ. (Name of Person)
DENIS FISHMAN, P.A. (Firm/Company)
1920 E. HALLAWI ALE BEACH BLVA, #709 (Address)
HALLANDALE BEACH FL 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
DEN'S FISHMAN at (305) 931-9355 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Qiwi INTERNATIONAL PAYMENT SYSTEM (Name of limited liability company)	160	,	
(Name of limited liability company)			
DELAWARE			
(Jurisdiction of its organization)			
(Date registered with Florida Department of State)			
(Date registered with Florida Department of State)			
M11000004337			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this	state.		
	•		
(Signature of authorized representative)			
SENIS FISHMAN, ESQ.			
(Typed or printed name of signee)			
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Filing Fee: \$25.00