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COVER LETTER

TO: Registration Of Division of	n Section Corporations		
	vity Scientific, LLC		
SUBJECT:		<u> </u>	
	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Mark Feinberg			
	(Name of Person)		_
			_
	(Firm/Company)		
921 Georgia Ave			
Winter Park, FL 327	(Address)		_
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	olease call:	
Mark Feinberg		407	388-4013
(8)	ame of Person)	at (at (Daytime Telephone Number)
Division (P.O. Box	on Section of Corporations		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:		
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Longevity Sci	entific, LLC	
	(Name of limited liability company)	
Delaware		
December 201	(Jurisdiction of its organization)	
M2000000050	(Date registered with Florida Department of State) 06	
_ 	(Florida Document Number)	
This limited	liability company is withdrawing its certificate of authority in this	state.
(If an effecti more than 90 Note: If the	ite, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to days after filing.) date inserted in this block does not meet the applicable statutory fill not be listed as the document's effective date on the Department of	ling requirements.
	- MM	
	(Signature of authorized representative)	· · · · · · · · · · · · · · · · · · ·
	Mark Feinberg	
	(Typed or printed name of signee)	- 5 5 9

Filing Fee: \$25.00