

217000000082
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000375013 3)))



H200003750133ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

3:30 PM 11/2/2020

DISSOLUTION OR WITHDRAWAL
MEGALITH PHARMACEUTICALS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED

2020 NOV -2 AM 9:55

FILED

NOV 03 2020



October 30, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MEGALITH PHARMACEUTICALS INC.
302 CARNEGIE CENTER BLVD, STE 100
PRINCETON, NJ 08540US

SUBJECT: MEGALITH PHARMACEUTICALS INC.
REF: Q17000000082

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000375013
Letter Number: 720A00021718

P.O BOX 6327 - Tallahassee, Florida 32314

H200003750133

**APPLICATION FOR CERTIFICATE OF WITHDRAWAL FOR
ALIEN BUSINESS ORGANIZATION**

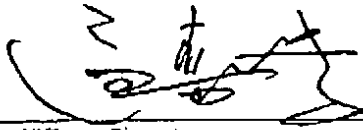
Megalith Pharmaceuticals Inc.

(Name of Alien Business Organization)

Delaware

(Incorporated or Organized Under Laws of)

This entity is no longer required to maintain a registered agent in this state.



(Signature of Officer or Director)

Jiapan Gao

(Typed or Printed Name)

President

(Capacity of Person Signing Application)

Filing Fee: \$35.00

Certified Copy (Optional): \$52.50

(SUS06810 03)

2020 NOV -2 AM 9:55
FILED

H200003750133