

L04 000038296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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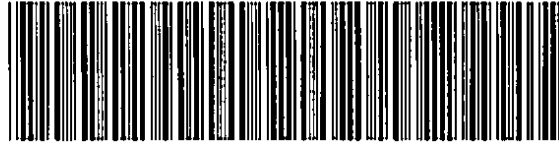
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global TPA, LLC - Statement of Termination  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kaitlin King  
\_\_\_\_\_  
Name of Person

Anthem, Inc.  
\_\_\_\_\_  
Firm/Company

220 Virginia Avenue  
\_\_\_\_\_  
Address

Indianapolis, IN 46204  
\_\_\_\_\_  
City/State and Zip Code

Kaitlin.King@anthem.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaitlin King at ( 317 ) 501 - 5914  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: Global TPA, LLC

**SECOND:** The Florida Document number of the limited liability company is: L04000038286

**THIRD:** The date of filing of the initial articles of organization is: 05/20/2004

**FOURTH:** The date of filing of the dissolution is: 08/26/2020

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Kathleen S. Kiefer

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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