

F03 00000 153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

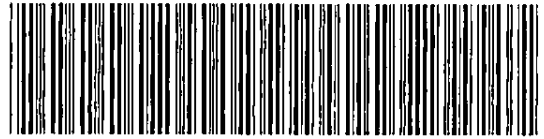
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 DEC -3 AM 11:10 2024 DEC -3 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FL

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 12/03/24
Order #: 1701366-10
Re: Zimmer Spine Next, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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2024 DEC -3 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Zimmer Spine Next, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F03000000153

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Giza - Paralegal

(Name of Person)

Ice Miller LLP

(Firm/Company)

200 West Madison Street, Suite 3500

(Address)

Chicago, Illinois 60606

(City/State and Zip code)

For further information concerning this matter, please call:

Christina Giza

at (312) 705-6027

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status & Certified
Copy (Additional copy is enclosed) |
|--|--|---|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 DEC -3 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FL

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Zimmer Spine Next, Inc.

(Name of Corporation)

F03000000153

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of **and date authorized to transact business/conduct its affairs**)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

Attn: Zimmer, Inc. Corporate Secretary, 345 East Main Street

(Mailing Address)

Warsaw, Indiana 46580

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by:

Matt St. Louis

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

11/26/2024

(Date)

Matthew St. Louis

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE \$35