P11 000 051 545

(Re	questor's Name)	
bA)	dress)	
(4)	dress)	
(Au	uiess)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		İ

Office Use Only



900394560679

09/16/22--01012--028 **35.00

12/18/2022

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Global Trauma Solutions	
(Name of Corporati	on)
DOCUMENT NUMBER: P11000051545	
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
(Name of Person)	
Legalzoom.com, Inc.	
(Name of Firm/Company)	
9900 Spectrum Dr.	
(Address)	
Austin, TX 78717	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
_{at (} 800	773-0888
(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, United States Corporation Agents, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Global Trauma Solutions, Inc.
(Name of Corporation)
P11000051545
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent) (Signature of Resigning Agent) If signing on behalf of an entity:
· · · · · · · · · · · · · · · · · · ·
Cheyenne Moseley (Typed or Printed Name)
(Typed or Printed Name)
Asst. Secretary for United States Corporation Agents, Inc.
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314