F00000002868

(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

500163682715

01/11/10--01028--022 **35.00

FILED
10 MAR -9 PM 12:44

Withdrawal

MAR 10 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2010

SHELLEY HORN
BIOMET INC.
P. O. BOX 587
WARSAW, IN 46581-0687

SUBJECT: IMPLANT INNOVATIONS HOLDING CORPORATION
Ref. Number: F00000002868

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FOREIGN CORPORATION MUST WITHDRAWAL FROM FLORIDA. THE FOREIGN LLC WOULD THEN QUALIFY TO DO BUSINESS IN THE STATE OF FLORIDA.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 310A00001111

RECEIVED
2010 MAR -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
JAN 21 2010

January 7, 2010

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

RE: Implant Innovations Holdings LLC

Dear Sir or Madame:

Enclosed herewith please find the original and one copy of the Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida, along with our check number 537753 in the amount of $35.00. Please return a filed, date-stamped copy to me at the address below.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

Shelley Horn
Legal Assistant
Corporate Governance
shelley.horn@biomet.com

Mailing Address:
P.O. Box 587
Warsaw, IN 46581-0687
Toll Free: 800-348-9500
Office: 574-276-6639
Direct: 574-372-1542
Legal Dept. Fax: 574-372-1960

Shipping Address:
56 East Bell Drive
Warsaw, IN 46582

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Implant Innovations Holding Corporation
(Name of Corporation)

DOCUMENT NUMBER: F00000002868

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

Please return all correspondence concerning this matter to the following:

Shelley Horn
(Name of Person)

Biomet, Inc.
(Firm/Company)

56 East Bell Drive, P.O. Box 587
(Address)

Warsaw, IN 46581
(City/State and Zip code)

For further information concerning this matter, please call:

Shelley Horn at (574) 372-1542
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

Implant Innovations Holding Corporation
(Name of Corporation)

F00000002868
(Document Number of Corporation (if known)

Indiana
(Incorporated Under Laws of)

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:

P.O. Box 587
(Mailing Address)

Warsaw, IN 46582
(City/ State /Zip)

10 MAR -9 PM 12:47

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

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

2/25/2010
(Date)

Jody S. Gale
(Typed or printed name of person signing)

Assistant Secretary
(Title of person signing)

FILING FEE $35