

F99000003167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

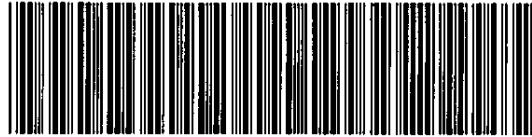
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FILED  
09 MAY -4 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Withdr.*  
C.COULLIETTE

MAY 08 2009

EXAMINER



May 1, 2009

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

RE: Biomet Orthopedics, Inc.

Dear Sir or Madame:

Enclosed please find the original Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida, along with our check number 521295 in the amount of \$35.00. Please return the filed Certificate of Withdrawal to me at the address below.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley Horn". The signature is fluid and cursive, with the first name "Shelley" being more prominent than the last name "Horn".

Shelley Horn  
Legal Assistant  
[shelley.horn@biomet.com](mailto: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:** Biomet Orthopedics, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F99000003167

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)

P.O. Box 587

(Address)

Warsaw, IN 46581

(City/State and Zip code)

For further information concerning this matter, please call:

Shelley Horn

(Name of Person)

at ( 574 ) 372-1542

(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**

Biomet Orthopedics, Inc.

(Name of Corporation)

F99000003167

(Document Number of Corporation (if known))

Indiana

(Incorporated Under Laws of)

**FILED**  
09 MAY -4 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

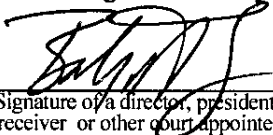
Legal Department, 56 East Bell Drive, P.O. Box 587

(Mailing Address)

Warsaw, IN 46581-0587

(City/ State /Zip)

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)

April 13, 2009

(Date)

Bradley J. Tandy

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35**