

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001180

**Entity Name:** BIOMET TRAUMA, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

56 E BELL DR  
WARSAW, IN 46582

**New Principal Place of Business:**

**Current Mailing Address:**

56 E BELL DR  
WARSAW, IN 46582

**New Mailing Address:**

LEGAL DEPARTMENT  
P.O. BOX 587  
WARSAW, IN 46582

**FEI Number:** 27-3309062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORKS INC  
11380 PROSPERITY FARMS ROAD 221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** TANDY, BRADLEY J  
**Address:** 56 E BELL DR  
**City-St-Zip:** WARSAW, IN 46582

**Title:** MGR  
**Name:** BINDER, JEFFREY R  
**Address:** 56 E BELL DR  
**City-St-Zip:** WARSAW, IN 46582

**Title:** MGR  
**Name:** HODGES, MICHAEL T  
**Address:** 56 E BELL DR  
**City-St-Zip:** WARSAW, IN 46582

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** BRADLEY J. TANDY

MGR

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date