

1714000000836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S Warren

NOV 18 2016

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 352396 7228054  
AUTHORIZATION :   
COST LIMIT : \$ 554.00

ORDER DATE : November 1, 2016  
ORDER TIME : 12:08 PM  
ORDER NO. : 352396-130  
CUSTOMER NO: 7228054

FOREIGN FILINGS

NAME: BIOMET SPINE, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Biomet Spine, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy L. Whitman, Paralegal  
(Name of Person)

Faegre Baker Daniels LLP  
(Firm/Company)

600 East 96th Street, Suite 600  
(Address)

Indianapolis, IN 46240  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy L. Whitman at ( 317 ) 569-9600  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee &  
Certificate of Status      ☒ \$55 Filing Fee &  
Certified Copy      ☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Biomet Spine, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

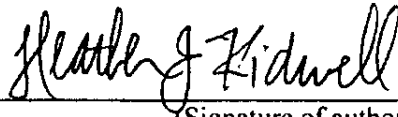
02/05/2014

(Date registered with Florida Department of State)

M14000000836

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Heather J. Kidwell, Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00

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