


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M02000002227**

1. Entity Name  
**ALLERGAN SALES, LLC**



Principal Place of Business 2525 DUPONT DRIVE IRVINE, CA 92612	Mailing Address 2525 DUPONT DRIVE IRVINE, CA 92612
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**DO NOT WRITE IN THIS SPACE**



04232007No Chg-LLC CR2E083 (11/05)

4. FEI Number 46-0469784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ALLERGAN, INC
STREET ADDRESS	2525 DUPONT DRIVE
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

**Matthew J. Maletta, Assistant Secretary**

**SIGNATURE:**  **5/18/2007 (714) 246-5185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #