


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"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #