

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90052 022 ****50.00

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**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **46-0469784** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

60010000



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLERGAN, INC 2525 DUPONT DRIVE IRVINE CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Matthew J. Maletta* **REQUIRED** **Matthew J. Maletta, Ass't Sec.** 1/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 714-246-4500 Daytime Phone #

CR2E083 (10/02)