

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000092093

**Entity Name:** IVAX PHARMACEUTICALS NV, LLC

**Current Principal Place of Business:**

3040 UNIVERSAL BLVD  
WESTON, FL 33331

**Current Mailing Address:**

3040 UNIVERSAL BLVD  
WESTON, FL 33331 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

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

*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

**Authorized Person(s) Detail :**

|                 |                      |                 |                                |
|-----------------|----------------------|-----------------|--------------------------------|
| Title           | MGR                  | Title           | MANAGER                        |
| Name            | GRIFFIN , DEBORAH    | Name            | BOYER , ANDREW                 |
| Address         | 1090 HORSHAM RD      | Address         | 400 INTERPACE PARKWAY, BLDG. A |
| City-State-Zip: | NORTH WALES PA 19454 | City-State-Zip: | PARSIPPANY NJ 07054            |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW BOYER

MANAGER, BY SARAH 03/02/2018  
MEEHAN, ATTORNEY-IN-  
FACT

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date