

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004007

Entity Name: ABBVIE RESPIRATORY LLC

Current Principal Place of Business:

1 N. WAUKEGAN ROAD
NORTH CHICAGO, IL 60064

Current Mailing Address:

1 N. WAUKEGAN ROAD
D-V367 AP34-3NE TAX DEPARTMENT
NORTH CHICAGO, IL 60064 US

FEI Number: 57-1140380

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name KOS PHARMACEUTICALS, INC.
Address 1 N. WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

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: KOS PHARMACEUTICALS, INC.

MGR

04/27/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date