

**2022 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:**

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 SOLE MEMBER  
Name KOS PHARMACEUTICALS, INC.  
Address 1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title TREASURER  
Name REENTS, SCOTT T  
Address 1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title VP  
Name BRISTOW, LINDSEY  
Address 1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title SECRETARY  
Name LAGUNAS, JENNIFER M  
Address 1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title ASST. SECRETARY  
Name CORBIN, JOHANNA M  
Address 1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title ASST. TREASURER  
Name KLINTWORTH, WAYNE  
Address 1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title SOLE MANAGER AND PRESIDENT  
Name MICHAEL, ROBERT A  
Address 1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title ASSISTANT SECRETARY  
Name WEITH, EMILY A  
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:** LINDSEY BRISTOW

VICE PRESIDENT

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date