## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000639

Entity Name: NOVEN THERAPEUTICS, LLC

**Current Principal Place of Business:** 

11960 SW 144TH STREET MIAMI. FL 33186

**Current Mailing Address:** 

11960 SW 144TH STREET MIAMI. FL 33186

FEI Number: 20-1448251 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREENE, MICHAEL 11960 S.W. 144 STREET MIAMI, FL 33186 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: MICHAEL GREENE 02/13/2018

Electronic Signature of Registered Agent

Date

**FILED** Feb 13, 2018

**Secretary of State** 

CC1052166076

Authorized Person(s) Detail:

Title MGR Title MANAGER MIHM, JEFF Name CHOI, JOHN Name

11960 SW 144TH STREET 11960 SW 144TH STREET Address Address

City-State-Zip: MIAMI FL 33186 MIAMI FL 33186 City-State-Zip:

Title MANAGER

Name GREENE, MICHAEL

11960 SW 144TH STREET Address

MIAMI FL 33186 City-State-Zip:

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: MICHAEL GREENE Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

02/13/2018 Date