

**2017 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

02/21/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MIHM, JEFF  
Address 11960 SW 144TH STREET  
City-State-Zip: MIAMI FL 33186

Title MANAGER  
Name CHOI, JOHN  
Address 11960 SW 144TH STREET  
City-State-Zip: MIAMI FL 33186

Title MANAGER  
Name GREENE, MICHAEL  
Address 11960 SW 144TH STREET  
City-State-Zip: MIAMI FL 33186

*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

MANAGER

02/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date