## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000006900

Entity Name: ANIMAS DIABETES CARE, LLC

**Current Principal Place of Business:** 

965 CHESTERBROOK BOULEVARD

**WAYNE. PA 19087** 

## **Current Mailing Address:**

965 CHESTERBROOK BOULEVARD WAYNE, PA 19087 US

**FEI Number: NOT APPLICABLE** 

Certificate of Status Desired: No Name and Address of Current Registered Agent:

C T 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

**FILED** Mar 03, 2023

**Secretary of State** 

4174949520CC

## Authorized Person(s) Detail:

Title **MEMBER** Name ANIMAS LLC

Address 965 CHESTERBROOK BOULEVARD

City-State-Zip: WAYNE PA 19087

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.

03/03/2023 SIGNATURE: ANIMAS LLC **MEMBER**