

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000004054

**Entity Name:** PHARMACYCLICS LLC

**Current Principal Place of Business:**

1 NORTH WAUKEGAN ROAD  
NORTH CHICAGO, IL 60064

**Current Mailing Address:**

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

**FEI Number:** 47-3416580

**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	MGR	Title	VP, TAX
Name	MICHAEL, ROBERT A	Name	REENTS, SCOTT T
Address	1 NORTH WAUKEGAN ROAD	Address	1 NORTH WAUKEGAN ROAD
City-State-Zip:	NORTH CHICAGO IL 60064	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:** SCOTT T REENTS

**VICE PRESIDENT**

**04/30/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date