

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017625

**Entity Name:** COSETTE PHARMACEUTICALS NC LABORATORIES, LLC

**Current Principal Place of Business:**

C/O COSETTE PHARMACEUTICALS NC, LLC  
1877 KAWAI ROAD  
LINCOLNTON, NC 28092

**Current Mailing Address:**

C/O COSETTE PHARMACEUTICALS NC, LLC  
1877 KAWAI ROAD  
LINCOLNTON, NC 28092 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

**Authorized Person(s) Detail :**

Title MEMBER  
Name COSETTE PHARMACEUTICALS NC,  
LLC  
Address C/O COSETTE PHARMACEUTICALS  
NC, LLC  
1877 KAWAI ROAD  
City-State-Zip: LINCOLNTON NC 28092

*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:** COSETTE PHARMACEUTICALS NC, LLC

MEMBER

04/06/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date