

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
LINCOLNNTON, NC 28092

Current Mailing Address:

C/O COSETTE PHARMACEUTICALS NC, LLC
1877 KAWAI ROAD
LINCOLNNTON, 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: LINCOLNNTON 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