

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000009326

Entity Name: THERAPAK, LLC

Current Principal Place of Business:

651 WHARTON DR.
CLAREMONT, CA 91711

Current Mailing Address:

651 WHARTON DR.
CLAREMONT, CA 91711

FEI Number: 95-4791762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name ECK, STEVEN
Address 100 MATSONFORD RD., BLDG. ONE,
STE. 200
City-State-Zip: RADNOR PA 19087

Title S
Name BAKER, SCOTT
Address 100 MATSONFORD RD., BLDG. ONE,
STE. 200
City-State-Zip: RADNOR PA 19087

Title MGR
Name GOLDMAN, MARTIN
Address 100 MATSONFORD RD., BLDG. ONE,
STE. 200
City-State-Zip: RADNOR PA 19087

Title VP
Name WELLINGTON, PETE
Address 100 MATSONFORD RD., BLDG. ONE,
STE. 200
City-State-Zip: RADNOR 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.

SIGNATURE: MARTIN GOLDMAN

SVP - TAX

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date