

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000004156

**Entity Name:** ALAVEN PHARMACEUTICAL LLC

**Current Principal Place of Business:**

200 NORTH COBB PARKWAY NORTH  
BUILDING 400 SUITE 428  
MARIETTA, GA 30062

**Current Mailing Address:**

265 DAVIDSON AVE  
SOMERSET, NJ 08873 US

**FEI Number:** 06-1695349

**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 MGRM  
Name VERNIERI, DAVID  
Address 265 DAVIDSON AVENUE SOMERSET  
NJ 08873-4120  
City-State-Zip: SOMERSET NJ 08873

Title MGRM  
Name HOSTLER, JEFFREY  
Address 265 DAVIDSON AVENUE SOMERSET  
NJ 08873-4120  
City-State-Zip: SOMERSET NJ 08873

Title MGRM  
Name FUGE, DENNIS  
Address 265 DAVIDSON AVE  
City-State-Zip: SOMERSET NJ 08873

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID VERNIERI

**SECR**

**04/11/2013**

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

\_\_\_\_\_  
Date