

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000004156

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC3959882388**

**Entity Name:** ALAVEN PHARMACEUTICAL LLC

**Current Principal Place of Business:**

265 DAVIDSON AVENUESTE 400SOMERSET, NJ 088  
SOMERSET, NJ 08873-4120

**Current Mailing Address:**

265 DAVIDSON AVENUESTE 400SOMERSET, NJ 088  
SOMERSET, NJ 08873-4120 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 AVENUESTE  
400SOMERSET, NJ 088  
City-State-Zip: SOMERSET NJ 08873-4120

Title MGRM  
Name HOSTLER, JEFFREY  
Address 265 DAVIDSON AVENUESTE  
400SOMERSET, NJ 088  
City-State-Zip: SOMERSET NJ 08873-4120

Title MGRM  
Name HOLLEY, MATTHEW  
Address 265 DAVIDSON AVENUESTE  
400SOMERSET, NJ 088  
City-State-Zip: SOMERSET NJ 08873-4120

*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: DAVID VERNIERI**

**TREASURER**

**03/02/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date