

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000004156

**Entity Name:** ALAVEN PHARMACEUTICAL LLC

**Current Principal Place of Business:**

1000 MYLAN BOULEVARD  
CANONSBURG, PA 15317

**Current Mailing Address:**

1000 MYLAN BOULEVARD  
CANONSBURG, PA 15317 US

**FEI Number:** 20-4808127

**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:** JAMES HALPIN

04/23/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	VP	Title	ASST. SECRETARY
Name	WEINER, ALAN	Name	MACIKOWSKI, KEVIN
Address	405 LEXINGTON AVE	Address	1000 MYLAN BOULEVARD
City-State-Zip:	NEW YORK NY 10174	City-State-Zip:	CANONSBURG PA 15317

Title           SOLE MEMBER  
Name           ALVP HOLDINGS, LLC  
Address        1000 MYLAN BOULEVARD  
City-State-Zip: CANONSBURG PA 15317

*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:** ALVP HOLDINGS, LLC

SOLE MEMBER

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date