

**2017 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** 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:** JAMES HALPIN

10/03/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title           PRESIDENT  
Name           GRAHAM JR., ROGER  
Address        1000 MYLAN BOULEVARD  
City-State-Zip: CANONSBURG PA 15317

Title           VP  
Name           WEINER, ALAN  
Address        405 LEXINGTON AVENUE  
City-State-Zip: CANONSBURG PA 15317

Title           TREASURER  
Name           MIRAGLIA, JOHN  
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:** JOSEPH HEISER

POA FOR ALAN WEINER

10/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date