

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004007

Entity Name: ABBVIE RESPIRATORY LLC

Current Principal Place of Business:

1 N. WAUKEGAN ROAD
NORTH CHICAGO, IL 60064

Current Mailing Address:

1 N. WAUKEGAN ROAD
D-V367 AP34-3NE TAX DEPARTMENT
NORTH CHICAGO, IL 60064 US

FEI Number: 57-1140380

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 SOLE MEMBER
Name KOS PHARMACEUTICALS, INC.
Address 1 N. WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title PRESIDENT
Name REENTS, SCOTT T
Address 1 N. WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title VP
Name BRISTOW, LINDSEY
Address 1 N. WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title TREASURER
Name PURDUE, DAVID R
Address 1 N. WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title ASST. SECRETARY
Name CORBIN, JOHANNA M
Address 1 N. WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title ASST. TREASURER
Name KLINTWORTH, WAYNE
Address 1 N. WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title ASSISTANT SECRETARY
Name WEITH, EMILY A
Address 1 N. WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

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: CORBIN , JOHANNA M

ASST. SECRETARY, BY 04/04/2024
JACK HIGGINS,
ATTORNEY-IN-FACT

Electronic Signature of Signing Authorized Person(s) Detail

Date