

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005139

**Entity Name:** STIEFEL WEST COAST LLC

**Current Principal Place of Business:**

3160 PORTER DRIVE  
PALO ALTO, CA 94304

**Current Mailing Address:**

3160 PORTER DRIVE  
PALO ALTO, CA 94304 US

**FEI Number:** 93-3173928

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name STIEFEL LABORATORIES, INC.  
Address 20 TW ALEXANDER DRIVE  
PO BOX 14910  
City-State-Zip: RESEARCH TRIANGLE PARK NC  
27709

Title TREASURER  
Name RYAN, KEVIN  
Address 2929 WALNUT STREET  
FMC TOWER AT CIRA CENTRE  
SOUTH SUITE 1700  
City-State-Zip: PHILADELPHIA PA 19104

*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:** KEVIN RYAN

**TREASURER**

**04/30/2024**

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

\_\_\_\_\_ Date