

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000009454

**Entity Name:** AUROLIFE PHARMA LLC

**Current Principal Place of Business:**

279 PRINCETON HIGHTSTOWN RD  
EAST WINDSOR, NJ 08520

**Current Mailing Address:**

279 PRINCETON HIGHSTOWN RD  
EAST WINDSOR, NJ 08520

**FEI Number:** 26-2273768

**Certificate of Status Desired:** Yes

**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           VPFI  
Name           GORLA, GANGADHARA  
Address        279 PRINCTON HIGHTSTOWN RD  
City-State-Zip: EAST WINDSOR NJ 08520

*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:** GANGADHARA RAO GORLA

VP-FINANCE

01/20/2021

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

\_\_\_\_\_ Date