

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000003828

**Entity Name:** CINRX PHARMA, LLC**Current Principal Place of Business:**5375 MEDPACE WAY  
CINCINNATI, OH 45227**Current Mailing Address:**5375 MEDPACE WAY  
CINCINNATI, OH 45227 US**FEI Number:** 47-4689250**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TROENDLE, AUGUST J  
1492 CORONA LN  
VERO BEACH, FL 32963 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	MGR	Title	MGR
Name	TROENDLE, AUGUST J	Name	ISAACSOHN, JONATHAN
Address	1492 CORONA LN	Address	9170 AMBERCREEK DR.
City-State-Zip:	VERO BEACH FL 32963	City-State-Zip:	CINCINNATI OH 45237
Title	MBR	Title	MBR
Name	EWALD, STEPHEN	Name	GEIGER, JESSE
Address	6513 MADEIRA HILLS DR.	Address	9 ROSE LANE FARM
City-State-Zip:	CINCINNATI OH 45243	City-State-Zip:	LOVELAND OH 45150

*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:** STEPHEN EWALD

MBR

07/15/2020

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