

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000005001

Entity Name: NEPHRON PHARMACY LLC**Current Principal Place of Business:**4500 12 ST EXTENSION
W COLUMBIA, SC 29172**Current Mailing Address:**4500 12 ST EXTENSION
W COLUMBIA, SC 29172**FEI Number:** 84-5187846**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MBR
Name	NEPHRON PHARMACEUTICALS CORP
Address	4500 12 ST EXTENSION
City-State-Zip:	W COLUMBIA SC 29172

Title	APO
Name	SOWARDS, JOHN A
Address	1230 MAIN ST STE 700
City-State-Zip:	COLUMBIA SC 29201

Title	APO
Name	LEVINE, EMERY T ESQ.
Address	1230 MAIN STREET FLOOR 7
City-State-Zip:	COLUMBIA SC 29201

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: EMERY T. LEVINE**AUTHORIZED PERSON****02/15/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date