

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
Name TROENDLE, AUGUST J
Address 1492 CORONA LN
City-State-Zip: VERO BEACH FL 32963

Title MGR
Name ISAACSOHN, JONATHAN
Address 9170 AMBERCREEK DR.
City-State-Zip: CINCINNATI OH 45237

Title MBR
Name EWALD, STEPHEN
Address 6513 MADEIRA HILLS DR.
City-State-Zip: CINCINNATI OH 45243

Title MBR
Name GEIGER, JESSE
Address 9 ROSE LANE FARM
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