

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000007366

**Entity Name:** ASTOR PHARMACEUTICALS LLC

**Current Principal Place of Business:**

665 UNION AVE. SUITE 3  
HOLTSVILLE, NY 11742

**Current Mailing Address:**

665 UNION AVE. SUITE 3  
HOLTSVILLE, NY 11742 US

**FEI Number:** 84-3399717

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 RALLAKIS, HARALAMPOS  
Address 40-12 223RD ST.  
City-State-Zip: BAYSIDE NY 11361

Title MBR  
Name WATTS, DAVE  
Address 1201 ADAMS ST. APT 612  
City-State-Zip: HOBOKEN NJ 07030

Title MBR  
Name EXARHOS, NIKOLAOS  
Address 21-08 24TH AVE  
City-State-Zip: ASTORIA NY 11102

*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:** DAVE WATTS

MEMBER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date