

2023 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: HARALAMPOS RALLAKIS

MEMBER

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date