

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000003378

**Entity Name:** APTEVO BIOTHERAPEUTICS LLC

**Current Principal Place of Business:**

29 N WACKER DRIVE  
SUITE 704  
CHICAGO, IL 60606

**Current Mailing Address:**

29 N WACKER DRIVE  
SUITE 704  
CHICAGO, IL 60606 US

**FEI Number:** 81-1429784

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 MEMBER  
Name MEDEXUS PHARMA, INC.  
Address 29 N WACKER DRIVE  
SUITE 704  
City-State-Zip: CHICAGO IL 60606

Title MANAGER  
Name ADELMAN, MICHAEL  
Address 1318 SUSSEX ROAD  
City-State-Zip: WYNNEWOOD PA 19096

Title TREASURER  
Name LI, LUYAN  
Address 29 N WACKER DRIVE  
SUITE 704  
City-State-Zip: CHICAGO IL 60606

*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:** LUYAN LI

**TREASURER**

**04/23/2022**

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

\_\_\_\_\_  
Date