## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003378

**Entity Name: APTEVO BIOTHERAPEUTICS LLC** 

**Current Principal Place of Business:** 

920 CASSATT ROAD, SUITE 100 BERWYN, PA 19312

**Current Mailing Address:** 

920 CASSATT ROAD, SUITE 100 BERWYN, PA 19312 US

FEI Number: 81-1429784 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Mar 02, 2018

**Secretary of State** 

CC9121077064

Authorized Person(s) Detail:

Title **PRESIDENT** Title **TREASURER** 

WHITE, MARVIN LAMOTHE, JEFFREY Name Name

2401 4TH AVE 2401 4TH AVE Address Address **SUITE 1050** 

**SUITE 1050** 

City-State-Zip: SEATTLE WA 98121 City-State-Zip: SEATTLE WA 98121

Title **SECRETARY** Title

Name MITCHELL, SHAWNTE Name ADELMAN, MICHAEL

2401 4TH AVE 920 CASSATT ROAD, SUITE 100 Address Address

**SUITE 1050** City-State-Zip: BERWYN PA 19312 SEATTLE WA 98121

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: SHAWNTE MITCHELL

Electronic Signature of Signing Authorized Person(s) Detail

**SECRETARY** 

03/02/2018

Date