

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000001926

**Entity Name:** VALENT BIOSCIENCES LLC

**Current Principal Place of Business:**

1910 INNOVATION WAY  
SUITE 100  
LIBERTYVILLE, IL 60048

**FILED**  
**Mar 11, 2023**  
**Secretary of State**  
**3513127779CC**

**Current Mailing Address:**

1910 INNOVATION WAY  
SUITE 100  
LIBERTYVILLE, IL 60048 US

**FEI Number: 36-4334458**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 VALENT U.S.A. LLC  
Address 4600 NORRIS CANYON ROAD  
City-State-Zip: SAN RAMON CA 94583

Title MANAGER  
Name IKEDA, TOMOKAZU  
Address 4600 NORRIS CANYON ROAD  
City-State-Zip: SAN RAMON CA 94583

Title MANAGER  
Name LEE, ANDREW  
Address 4600 NORRIS CANYON ROAD  
City-State-Zip: SAN RAMON CA 94583

Title MANAGER  
Name MELNIK, THEODORE  
Address 1910 INNOVATION WAY  
SUITE 200  
City-State-Zip: LIBERTYVILLE IL 60048

Title MANAGER  
Name MUKAI, HIROYOSHI  
Address 27-1 SHINKAWA 2-CHOME  
CHUO-KU  
City-State-Zip: TOKYO 00104-8260

Title MANAGER  
Name MITO, NOBUAKI  
Address 27-1 SHINKAWA 2-CHOME  
CHUO-KU  
City-State-Zip: TOKYO 00104-8260

Title MANAGER  
Name SHOJIMA, SHINSUKE  
Address 27-1, SHINKAWA 2-CHOME  
City-State-Zip: TOYKO CHUO-KU, 00104-8260

Title MANAGER  
Name SHINICHIRO, IMAI  
Address 27-1, SHINKAWA 2-CHROME  
City-State-Zip: TOKYO CHUO-KU 104-8260

**Continues on page 2**

*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: EDMUND BAUMGARTNER

AUTHORIZED  
REPRESENTATIVE

03/11/2023

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED REPRESENTATIVE

Name BAUMGARTNER, EDMUND

Address 1910 INNOVATION WAY  
SUITE 100

City-State-Zip: LIBERTYVILLE IL 60048