

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

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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