

2024 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**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 MANAGER
Name LEE, ANDREW
Address 4600 NORRIS CANYON ROAD
SUITE 10
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 MORIYA , MOTOHARU
Address 1910 INNOVATION WAY
SUITE 100
City-State-Zip: LIBERTYVILLE IL 60048

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

Title MANAGER
Name UZAWA , MASANORI
Address 27-1, SHINKAWA 2-CHROME
City-State-Zip: TOKYO 104-8260

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: THEODORE MELNIK

MANAGER

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date