

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000146477

Entity Name: IMMUGEN PHARMA LLC

Current Principal Place of Business:

751 PARK OF COMMERCE DRIVE
SUITE 128
BOCA RATON, FL 33487

Current Mailing Address:

751 PARK OF COMMERCE DRIVE
C/O ALDA & ASSOCIATES: SUITE 128
BOCA RATON, FL 33487 US

FEI Number: 83-1450619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FATER, DAVID H
751 PARK OF COMMERCE DRIVE
SUITE 128
BOCA RATON, FL 33487 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	MGR
Name	TRAVIS, CRAIG
Address	5901 SW 87TH STREET
City-State-Zip:	MIAMI FL 33143
Title	MGR
Name	MASSEY, WILLIAM
Address	751 PARK OF COMMERCE DRIVE; SUITE 128
City-State-Zip:	BOCA RATON FL 33487
Title	MGR
Name	BRAY, DOROTHY
Address	751 PARK OF COMMERCE DRIVE SUITE 128
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	FATER, DAVID
Address	751 PARK OF COMMERCE DRIVE: SUITE 128
City-State-Zip:	BOCA RATON FL 33487
Title	MGR
Name	HAINES, HAL
Address	10102 USA TODAY WAY
City-State-Zip:	MIRAMAR FL 33025

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: DAVID H. FATER

MGR

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date