

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002952

**Entity Name:** FULGENT THERAPEUTICS LLC

**Current Principal Place of Business:**

4978 SANTA ANITA AVE, SUITE 205  
TEMPLE CITY, CA 91780

**Current Mailing Address:**

4401 SANTA ANITA AVE SUITE 214  
EL MONTE, CA 91731 US

**FEI Number:** 32-0400050

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	CFO
Name	HSIEH, MING	Name	KIM, PAUL
Address	4401 SANTA ANITA AVE., SUITE 214	Address	4401 SANTA ANITA AVE., SUITE 214
City-State-Zip:	EL MONTE CA 91731	City-State-Zip:	EL MONTE CA 91731

*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:** PAUL KIM

**TAX MANAGER**

**02/02/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date