

**2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M1600000734

**Entity Name:** CIVIC FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

3 MACARTHUR PLACE  
SANTA ANA, CA 92707

**Current Mailing Address:**

3 MACARTHUR PLACE  
SANTA ANA, CA 92707 US

**FEI Number:** 46-2477192

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 MANAGER  
Name CIVIC VENTURES, LLC  
Address 3 MACARTHUR PLACE  
City-State-Zip: SANTA ANA CA 92707

Title PRESIDENT  
Name HUSSAIN, HAMID  
Address 3 MACARTHUR PLACE  
City-State-Zip: SANTA ANA CA 92707

Title VP  
Name SOTOODEH, JOHN  
Address 3 MACARTHUR PLACE  
City-State-Zip: SANTA ANA CA 92707

Title CO TREASURER  
Name SPARKS, MONICA  
Address 3 MACARTHUR PLACE  
City-State-Zip: SANTA ANA CA 92707

Title CO TREASURER  
Name RINDONE, RAYMOND  
Address 3 MACARTHUR PLACE  
City-State-Zip: SANTA ANA CA 92707

Title SECRETARY  
Name DOTAN, IDO  
Address 3 MACARTHUR PLACE  
City-State-Zip: SANTA ANA CA 92707

Title ASST. SECRETARY  
Name LAM, CONNIE  
Address 3 MACARTHUR PLACE  
City-State-Zip: SANTA ANA CA 92707

*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:** IDO DOTAN

**SECRETARY**

**06/14/2024**

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

\_\_\_\_\_ Date