

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005766

**Entity Name:** CLAROCITY VALUATION SERVICES, LLC**Current Principal Place of Business:**3115 MELROSE DRIVE, SUITE 130  
CARLSBAD, CA 92010**Current Mailing Address:**3115 MELROSE DRIVE, SUITE 130  
CARLSBAD, CA 92010 US**FEI Number:** 45-2548633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** KATHY SHIN

04/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name CLAROCITY INC.  
Address 3115 MELROSE DRIVE, SUITE 130  
City-State-Zip: CARLSBAD CA 92010

Title MANAGER  
Name COPELAND, SHANE  
Address 3115 MELROSE DRIVE, SUITE 130  
City-State-Zip: CARLSBAD CA 92010

Title MANAGER  
Name JAMES, ALEKSANDRA  
Address 3115 MELROSE DRIVE, SUITE 130  
City-State-Zip: CARLSBAD CA 92010

Title AUTHORIZED REPRESENTATIVE  
Name RUSSELL, JOSHLYNN  
Address 3115 MELROSE DRIVE, SUITE 130  
City-State-Zip: CARLSBAD CA 92010

*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:** JOSHLYNN RUSSELL**AUTHORIZED  
REPRESENTATIVE**

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date