

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000000437

Entity Name: TEN-X COMMERCIAL, LLC**Current Principal Place of Business:**17600 LAGUNA CANYON ROAD
IRVINE, CA 92618**Current Mailing Address:**17600 LAGUNA CANYON ROAD
IRVINE, CA 92618 US**FEI Number:** 52-2134617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MEMBER
Name COSTAR REALTY INFORMATION INC
Address 1331 L STREET NW
City-State-Zip: WASHINGTON DC 20005

Title MANAGER
Name JACOBS, STEVE
Address 17600 LAGUNA CANYON ROAD
City-State-Zip: IRVINE CA 92618

Title MANAGER
Name VANDERMYDE, MATTHEW
Address 17600 LAGUNA CANYON ROAD
City-State-Zip: IRVINE CA 92618

Title MANAGER
Name CORBAT, SAMANTHA
Address 17600 LAGUNA CANYON ROAD
City-State-Zip: IRVINE CA 92618

Title MANAGER
Name FIGUEROA, JESSICA
Address 17600 LAGUNA CANYON ROAD
City-State-Zip: IRVINE CA 92618

Title MANAGER
Name RICHARDSON, ARLENE
Address 17600 LAGUNA CANYON ROAD
City-State-Zip: IRVINE CA 92618

Title MANAGER
Name SIEGEL, TODD
Address 17600 LAGUNA CANYON ROAD
City-State-Zip: IRVINE CA 92618

Title MANAGER
Name KAPILA, VIBHAV
Address 17600 LAGUNA CANYON ROAD
City-State-Zip: IRVINE CA 92618

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: SAMANTHA CORBAT**MANAGER****03/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date