2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2019
Secretary of State
1100544290CC

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Entity Name: PULSE EMPLOYEE RECOVERY FUND LLC

Current Principal Place of Business:

1912 S ORANGE AVE
ORLANDO, FL 32806

Current Mailing Address:

465 S ORLANDO AVE
BOX 213
MAITLAND, FL 32751 US

FEI Number: 81-2946463

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	MGR
Name	POMA, BARBARA
Address	465 S ORLANDO AVE #213
City-State-Zip:	MAITLAND FL 32751

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: BARBARA POMA MGR 03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date