

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000086973

**Entity Name:** PULSE MEDICAL GEAR, LLC

**Current Principal Place of Business:**

12507 RIVERGLEN DR  
RIVERVIEW, FL 33569

**Current Mailing Address:**

12507 RIVERGLEN DR  
RIVERVIEW, FL 33569 US

**FEI Number: 82-1299878**

**Certificate of Status Desired: No**

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

HUTCHINSON, JAY A SR.  
12507 RIVERGLEN DR.  
RIVERVIEW, FL 33569 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            AMBR  
Name            HUTCHINSON, JAY A SR.  
Address        12507 RIVERGLEN DR  
City-State-Zip: RIVERVIEW FL 33569

*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: JAY HUTCHINSON**

**MEMBER**

**03/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date