

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000009606

**Entity Name:** EMPULSE LLC

**Current Principal Place of Business:**

53 ALGONQUIN CT  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

PO BOX 1672  
MARCO ISLAND, FL 34146 US

**FEI Number:** 86-1420505

**Certificate of Status Desired:** No

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

PULS, ELIZABETH  
53 ALGONQUIN CT  
MARCO ISLAND, FL 34145 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 AP  
Name PULS, ELIZABETH  
Address 53 ALGONQUIN CT  
City-State-Zip: MARCO ISLAND FL 34145

*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:** ELIZABETH PULS

04/09/2024

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

\_\_\_\_\_  
Date