

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1700000044

Entity Name: PULTE HOME COMPANY, LLC

Current Principal Place of Business:

3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326

Current Mailing Address:

3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326 US

FEI Number: 38-1545089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER AND PRESIDENT
Name SHELDON, TODD N.
Address 3350 PEACHTREE ROAD NORTHEAST
 SUITE 150
City-State-Zip: ATLANTA GA 30326

Title VP
Name KIMBERLY, HILL M
Address 3350 PEACHTREE ROAD NORTHEAST
 SUITE 150
City-State-Zip: ATLANTA GA 30326

Title VP, TREASURER
Name LANGEN, D. BRYCE
Address 3350 PEACHTREE ROAD NORTHEAST
 SUITE 150
City-State-Zip: ATLANTA GA 30326

Title SECRETARY
Name PADESKY MATUREN, ELLEN
Address 3350 PEACHTREE ROAD NORTHEAST
 SUITE 150
City-State-Zip: ATLANTA GA 30326

Title VP, ASST. SECRETARY
Name CLEMENTS, SCOTT M.
Address 4901 VINELAND ROAD
 SUITE 500
City-State-Zip: ORLANDO FL 32811

Title ASST. TREASURER
Name RIVES, GREGORY S.
Address 3350 PEACHTREE ROAD NORTHEAST
 SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY
Name CONLON, KELLYMARIE M
Address 3350 PEACHTREE ROAD NORTHEAST
 SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY
Name IRWIN, ROSS
Address 3350 PEACHTREE ROAD NORTHEAST
 SUITE 150
City-State-Zip: ATLANTA GA 30326

Continues on page 2

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: KELLYMARIE M. CONLON

ASSISTANT SECRETARY 05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name VOILES, CHANDLER
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY
Name WOOD, JUSTIN KYLE
Address 24311 WALDEN CENTER DR.
SUITE 300
City-State-Zip: BONITA SPRINGS FL 34134

Title ASST. SECRETARY
Name HOFFERBERTH, MARK EDWARD
Address 2662 SOUTH FALKENBURG RD.
City-State-Zip: RIVERVIEW FL 33578

Title ASST. SECRETARY
Name RUSSO, CRAIG
Address 4901 VINELAND RD.
SUITE 500
City-State-Zip: ORLANDO FL 32811

Title ASST. SECRETARY
Name FRATTER, ERIC
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY
Name GRAEVE, JOSHUA S
Address 24311 WALDEN CENTER DR.
SUITE 300
City-State-Zip: BONITA SPRINGS FL 34134

Title ASST. SECRETARY
Name LAPINSKY, BLAKE
Address 4400 PGA BOULEVARD
SUITE 700
City-State-Zip: PALM BEACH GARDENS FL 33410

Title ASSISTANT SECRETARY
Name EGER, ANNE ELIZABETH
Address 124 DEL WEBB PARKWAY
City-State-Zip: PONTE VEDRA FL 32081