

2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M17000000044

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
Name SHELDON, TODD N
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

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

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

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

Title VICE PRESIDENT AND ASST. SEC'Y
Name CLEMENTS, SCOTT
Address 4901 VINELAND DRIVE
SUITE 500
City-State-Zip: ORLANDO FL 32811

Title ASST. SECRETARY
Name RIVES, GREGORY
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

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

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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: TODD N. SHELDON

MANAGER

05/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

Title ASST. SECRETARY
Name LAPINSKY, MICHAEL BLAKE
Address 4901 VINELAND ROAD
STE 500
City-State-Zip: ORLANDO FL 32811

Title ASST. SECRETARY
Name MCPHIL, KELLI BAILEY
Address 2662 SOUTH FLAKENBURG ROAD
City-State-Zip: RIVERVIEW FL 33578

Title ASST. SECRETARY
Name WOOD, JUSTIN KYLE
Address 24311 WALDEN CENTER DRIVE
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 DRIVE
SUITE 500
City-State-Zip: ORLANDO FL 32811