

**2018 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 AND PRESIDENT  
Name SHELDON, TODD N.  
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 VP, ASST. SECRETARY  
Name CLEMENTS, SCOTT M.  
Address 4901 VINELAND ROAD  
SUITE 500  
City-State-Zip: ORLANDO FL 32811

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

Title ASST. TEASURER  
Name RIVES, GREGORY S  
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

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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:** KELLYMARIE M. CONLON

**ASSISTANT SECRETARY** 12/05/2018

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

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 LAPINSKI, BLAKE  
Address 4400 PGA BLVD.  
SUITE 700  
City-State-Zip: PALM BEACH GARDENS FL 33410

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