

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000005115

Entity Name: PULTE REALTY OF NORTH FLORIDA, 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:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, STE 150
City-State-Zip: ATLANTA GA 30326

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

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

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

Title VICE PRESIDENT AND ASSISTANT
SECRETARY
Name CLEMENTS, SCOTT
Address 4901 VINELAND ROAD, STE 500
City-State-Zip: ORLANDO FL 32811

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

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

Title ASSISTANT SECRETARY
Name IRWIN, ROSS
Address 3350 PEACHTREE ROAD
NORTHEAST, STE 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 05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title ASST. SECRETARY
Name HANEY, ANASTASIA E
Address 124 DEL WEBB PARKWAY
City-State-Zip: PONTE VEDRA FL 32081

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