2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021561

1. Entity Name
EMPULSE SERVICES LLC

Principal Place of Business	Mailing Address
101 W VENICE AVE. STE. 10 VENICE, FL 34285	101 W VENICE AVE. STE. 10 VENICE, FL 34285

03092005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3848269
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GETTE HARTLEY, GLADYS R
101 W VENICE AVE.
STE. 10
VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARTLEY, MICHAEL T
STREET ADDRESS	101 W VENICE AVE STE 10
CITY-ST-ZIP	VENICE, FL 34285
TITLE	MGR
NAME	TRAMMELL, THOMAS B
STREET ADDRESS	101 W VENICE AVE STE 10
CITY-ST-ZIP	VENICE, FL 34285
TITLE	A
NAME	GETTE HARTLEY, GLADYS R
STREET ADDRESS	101 W VENICE AVE., STE. 10
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000270003
03/19/05-80034-010 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ 3/16/05 941-485-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #