


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000021561 1. Entity Name EMPULSE SERVICES LLC	
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Principal Place of Business 101 W VENICE AVE. STE. 10 VENICE, FL 34285	Mailing Address 101 W VENICE AVE. STE. 10 VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE



02202007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3848269	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GETTE, MICKI 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

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

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04/03/07-80017-011 50:00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/08/07 941-809-3704**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #