

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051738

1. Entity Name
IMPULSE INVESTMENTS, LIMITED COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 9:35

Principal Place of Business
116 GAVILAN AVE.
CORAL GABLES, FL 33143 US

Mailing Address
116 GAVILAN AVE.
CORAL GABLES, FL 33143 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1471882

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUEZ, MARGARET
116 GAVILAN AVE.
CORAL GABLES, FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MARQUEZ, MARGARET
1455 NORTH PARK DRIVE
WESTON, FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
marquez, Margaret
116 GAVILAN AVE
CORAL GABLES, FL 33143

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

02/23/06 01016-001 **958.75

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

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02/23/06--01016--001 **958.75

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #