

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000213362

**Entity Name:** PULSICS, LLC

**Current Principal Place of Business:**

107 SW 140TH TERRACE #1  
NEWBERRY, FL 32669

**Current Mailing Address:**

107 SW 140TH TERRACE #1  
NEWBERRY, FL 32669 US

**FEI Number:** 81-0894945

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LI, KAN  
107 SW 140TH TERRACE #1  
NEWBERRY, FL 32669 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            AMBR  
Name            PRINCIPE, JOSE  
Address        5094 NW 58TH STREET  
City-State-Zip: GAINESVILLE FL 32653

Title            AUTHORIZED MEMBER  
Name            LI, KAN  
Address        3700 WINDMEADOWS BLVD  
                  S192  
City-State-Zip: GAINESVILLE FL 32608

*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:** KAN LI

**GENERAL PARTNER**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date