

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000165462

**Entity Name:** WEAREPULPO LLC

**Current Principal Place of Business:**

SAN LORENZO 1573 PB  
OLIVOS, BA 1636

**Current Mailing Address:**

SAN LORENZO 1573 PB  
OLIVOS, BA 1636 AR

**FEI Number:** 32-0441984

**Certificate of Status Desired:** No

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

CAIVANO, FRANCISCO  
619 CELEBRATION AV  
CELEBRATION, FL 34747 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 MGRM  
Name FRANCISCO, CAIVANO  
Address SAN LORENZO 1573 PB  
City-State-Zip: OLIVOS BA 1636

*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:** FRANCISCO CAIVANO

MGRM

04/21/2015

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

\_\_\_\_\_  
Date