

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000088144

Entity Name: PULLARO ALLIANCE LLC**Current Principal Place of Business:**17880 N US HIGHWAY 41
LUTZ, FL 33549**Current Mailing Address:**17880 N US HIGHWAY 41
LUTZ, FL 33549**FEI Number:** 45-2913499**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAP ALLIANCE LLC
17880 N US HIGHWAY 41
LUTZ, FL 33549 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	MGR
Name	SCHWAB, CONNIE
Address	17880 N US HIGHWAY 41
City-State-Zip:	LUTZ FL 33549

Title	MGRM
Name	ANP ALLIANCE LLC
Address	17880 N US HIGHWAY 41
City-State-Zip:	LUTZ FL 33549

Title	MGMR
Name	JAP ALLIANCE LLC
Address	17880 N US HIGHWAY 41
City-State-Zip:	LUTZ FL 33549

Title	MGMR
Name	NMB ALLIANCE LLC
Address	17880 N US HIGHWAY 41
City-State-Zip:	LUTZ FL 33549

Title	MGMR
Name	SWP ALLIANCE LLC
Address	17880 N US HIGHWAY 41
City-State-Zip:	LUTZ FL 33549

Title	MGMR
Name	RCP ALLIANCE LLC
Address	17880 N US HIGHWAY 41
City-State-Zip:	LUTZ FL 33549

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCHWAB, CONNIE

MGR

03/14/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date