

2019 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:**PULLARO, NICK
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:** NICK PULLARO

02/23/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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

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

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

Title MGRM
Name NPD 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUZETTE PULLARO

MGMR

02/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date