2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009409

Entity Name: LIMBITLESS SOLUTIONS INC

Current Principal Place of Business:

4365 ANDRMEDA LOOP N STE 360 ORLANDO. FL 32816

Current Mailing Address:

4365 ANDRMEDA LOOP N STE 360 ORLANDO, FL 32816 US

FEI Number: 47-1944657 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILSON, ROBERT 4365 ANDRMEDA LOOP N STE 360 ORLANDO, FL 32816 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: ROBERT WILSON 04/15/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title CHAIRMAN

NameMANERO, ALBERT DR.NameGERMAN, DEBORAHDR.Address4217 E PLAZA DR.Address6850 LAKE NONA BLVDCity-State-Zip:ORLANDO FL 32816City-State-Zip:ORLANDO FL 32827

Title VP Title TREASURER

Name SPARKMAN, JOHN Name JONES, NATHANAEL

Address 4217 E PLAZA DR. Address 12424 RESEARCH PARKWAY

SUITE 300

City-State-Zip: ORLANDO FL 32816 City-State-Zip: ORLANDO FL 32826

Title BOARD MEMBER

Name JACKSON, DALE

Name YODER, MICHELLE

Address 1034 KERWOOD CIRCLE Address 245 LAGO CIRCLE

City-State-Zip: OVIEDO FL 32765 APT.202

City-State-Zip: WEST MELBOURNE FL 32904
Title BOARD MEMBER

Name GEORGIOPOULOS, MICHAEL DR. Title BOARD MEMBER

Address 4328 SCORPIUS STREET Name ALTIZER, TIFFANY

City-State-Zip: ORLANDO FL 32816-2993 Address 4365 ANDROMEDA LOOP N STE 360

City-State-Zip: ORLANDO FL 32816-0015

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATHANAEL JONES TREASURER 04/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 15, 2021

Secretary of State

5827721859CC

Date

Officer/Director Detail Continued:

TitleSECRETARYTitleBOARD MEMBERNameCARLOSS, ANGIENameFRANCIS, ALBERT IIIAddress4217 E PLAZA DR.Address4365 ANDROMEDA LO

Address 4217 E PLAZA DR. Address 4365 ANDROMEDA LOOP N, MH 384

City-State-Zip: ORLANDO FL 32816 City-State-Zip: ORLANDO FL 32816

Title BOARD MEMBER Title BOARD MEMBER

NameKLONOFF, ELIZABETH DR.NameSMALLWOOD, HILARYAddress4365 ANDROMEDA LOOP NAddress10901 W. 131ST ST.

ROOM 230 City-State-Zip: OVERLAND KS 66213 City-State-Zip: ORLANDO FL 32816-0112

Title BOARD MEMBER Title LEGAL COUNSEL

Name OWEN, JANET WILSON, ROBERT

Address 4365 ANDRMEDA LOOP N STE 360

Address 4365 ANDRMEDA LOOP N STE 360

STE 315 City-State-Zip: ORLANDO FL 32816-0015

City-State-Zip: ORLANDO FL 32816 Title BOARD MEMBER

Title ASSISTANT TREASURER Name AMIN GUTIERREZ DE PINERES,

Name SHEPHERD, MISTY

Address 4365 ANDROMEDA LOOP N, MH 384 Address 4365 ANDROMEDA LOOP N, MH 384

City-State-Zip: ORLANDO FL 32816