

2019 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:

COLE, W. SCOTT
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: NATHANAEL JONES

03/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MANERO, ALBERT DR.
Address 4217 E PLAZA DR.
City-State-Zip: ORLANDO FL 32816

Title CHAIRMAN
Name GERMAN , DEBORAH DR.
Address 6850 LAKE NONA BLVD
City-State-Zip: ORLANDO FL 32827

Title BOARD MEMBER
Name COURBIN, DOMINIQUE
Address 4217 E PLAZA DR.
City-State-Zip: ORLANDO FL 32816

Title VP
Name SPARKMAN, JOHN
Address 4217 E PLAZA DR.
City-State-Zip: ORLANDO FL 32816

Title TREASURER
Name JONES, NATHANAEL
Address 12424 RESEARCH PARKWAY
 SUITE 300
City-State-Zip: ORLANDO FL 32826

Title BOARD MEMBER
Name JACKSON, DALE
Address 1034 KERWOOD CIRCLE
City-State-Zip: OVIEDO FL 32765

Title BOARD MEMBER
Name HAWLEY, MICHELLE
Address 245 LAGO CIRCLE
 APT. 202
City-State-Zip: WEST MELBOURNE FL 32904

Title BOARD MEMBER
Name GEORGIOPOULOS, MICHAEL DR.
Address 4328 SCORPIUS STREET
City-State-Zip: ORLANDO FL 32816-2993

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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

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name WALSH, DAVID
Address 400 COLONIAL CENTER
SUITE 400
City-State-Zip: LAKE MARY FL 32746

Title SECRETARY
Name ALCALA, TERA
Address 12424 RESEARCH PARKWAY
SUITE 300
City-State-Zip: ORLANDO FL 32826

Title BOARD MEMBER
Name KLONOFF, ELIZABETH DR.
Address 4365 ANDROMEDA LOOP N
ROOM 230
City-State-Zip: ORLANDO FL 32816-0112

Title BOARD MEMBER
Name CLARK, TRACY
Address 12424 RESEARCH PARKWAY
SUITE 300
City-State-Zip: ORLANDO FL 32826

Title BOARD MEMBER
Name JONES, BRENDAN
Address 302 MORNING CREEK CIRCLE
City-State-Zip: APOPKA FL 32712