

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009409

Entity Name: LIMBITLESS SOLUTIONS INC**Current Principal Place of Business:**12025 ASHTON MANOR WAY
APT.201
ORLANDO, FL 32828**Current Mailing Address:**PO BOX 782170
ORLANDO, FL 32878 US**FEI Number:** 47-1944657**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, NATHANAEL C
12025 ASHTON MANOR WAY
APT.201
ORLANDO, FL 32828 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

03/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CM, CEO
Name MANERO, ALBERT
Address 12603 CREST SPRINGS LANE
#1423
City-State-Zip: ORLANDO FL 32828

Title COO
Name COURBIN, DOMINIQUE
Address 2709 ARC DRIVE
City-State-Zip: OVIEDO FL 32765

Title CFO
Name JONES, NATHANAEL
Address 12025 ASHTON MANOR WAY
APT.201
City-State-Zip: ORLANDO FL 32828

Title TRUSTEE
Name HAWLEY, MICHELLE
Address 4040 NEW BROAD CIRCLE
APT.302
City-State-Zip: OVIEDO FL 32765

Title TRUSTEE
Name PETRESKY, TYLER N
Address 12644 SOMERSET OAKS ST.
City-State-Zip: ORLANDO FL 32828

Title CHIEF RESEARCH OFFICER
Name SPARKMAN, JOHN
Address 14034 LAUREL CREEK DR.
City-State-Zip: ORLANDO FL 32828

Title TRUSTEE
Name MANERO, KATIE
Address 12603 CREST SPRINGS LANE
#1423
City-State-Zip: ORLANDO FL 32828

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

CFO

03/11/2016

Electronic Signature of Signing Officer/Director Detail

Date