DOCUMENT# N14000009409	
Entity Name: LIMBITLESS SOLUTIONS INC	

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Name and Address of Current Registered Agent:

COLE, W. SCOTT 4365 ANDRMEDA LOOP N STE 360 ORLANDO, FL 32816 US

360

SIGNATURE	E: NATHANAEL JONES			04/13/2017		
	Electronic Signature of Registered Agent			Date		
Officer/Dire	ctor Detail :					
Title	PRESIDENT	Title	CHAIRMAN			
Name	MANERO, ALBERT	Name	GERMAN, DEBORAH DR.			
Address	12603 CREST SPRINGS LANE	Address	6850 LAKE NONA BLVD			
City Chata Zing	#1423	City-State-Zip:	ORLANDO FL 32827			
City-State-Zip:	ORLANDO FL 32828					
Title	BOARD MEMBER	Title	VP			
Name	COURBIN, DOMINIQUE	Name	SPARKMAN, JOHN			
Address	289 SAWYERWOOD PLACE	Address	368 INNISBROOK LANE			
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	WINTER SPRINGS FL 32708			
		Title	BOARD MEMBER			
Title	TREASURER	Name	JACKSON, DALE			
Name	JONES, NATHANAEL	Address	1034 KERWOOD CIRCLE			
Address	12424 RESEARCH PARKWAY SUITE 300	City-State-Zip:	OVIEDO FL 32765			
City-State-Zip:	ORLANDO FL 32826	Title	BOARD MEMBER			
Title	BOARD MEMBER	Name	GEORGIOPOULOS, MICHAEL	DR.		
Name	HAWLEY, MICHELLE	Address	4328 SCORPIUS STREET			
Address	4040 NEW BROAD CIRCLE	City-State-Zip:	ORLANDO FL 32816-2993			

APT.302 City-State-Zip: OVIEDO FL 32765 Continues on page 2

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

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	BOARD MEMBER	Title	BOARD MEMBER
Name	WALSH, DAVID	Name	CLARK, TRACY
Address	400 COLONIAL CENTER SUITE 400	Address	12424 RESEARCH PARKWAY SUITE 300
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	ORLANDO FL 32826
Title	SECRETARY	Title	BOARD MEMBER
Name	ALCALA, TERA	Name	JONES, BRENDAN
Address	12424 RESEARCH PARKWAY	Address	302 MORNING CREEK CIRCLE
	SUITE 300	City-State-Zip:	APOPKA FL 32712
City-State-Zip:	ORLANDO FL 32826		