


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90347 032 ****55.00

DOCUMENT # L05000063151					
1. Entity Name LIMITLESS LIVING LLC					
Principal Place of Business 5703 W. VINE AVE. VISALIA, CA 93291			Mailing Address 5703 W. VINE AVE. VISALIA, CA 93291		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 501 S. Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Visalia, CA		4. FEI Number 20-3087555	
Zip		Country		Applied For Not Applicable	
93277		USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATHFINDER BUSINESS STRATEGIES, LLC 2120 58TH AVE. #159 VERO BEACH, FL 32966			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Pathfinder Business Strategies</u> DATE <u>3/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANQUEN, JEFFREY J 5703 W. VINE AVE. VISALIA, CA 93291	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr Manquen, Jeffrey J 501 S. Court St Visalia, CA 93277
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANQUEN, CAMILLE A 5703 W. VINE AVE. VISALIA, CA 93291	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr Manquen, Camille A 501 S. Court St Visalia, CA 93277
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: <u>Camille A. Manquen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3/27/07</u> Daytime Phone # <u>559636-1447</u>		