

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1800000205

**Entity Name:** LIMITLESS PEOPLE INC.

**Current Principal Place of Business:**

2634 QUAIL POND WAY  
KISSIMMEE, FL 34743

**Current Mailing Address:**

2634 QUAIL POND WAY  
KISSIMMEE, FL 34743

**FEI Number:** 82-3984211

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NIEVES, NICOLE  
2634 QUAIL POND WAY  
KISSIMMEE, FL 34743 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

|                 |                           |                 |                        |
|-----------------|---------------------------|-----------------|------------------------|
| Title           | P                         | Title           | VP                     |
| Name            | NIEVES, NICOLE            | Name            | SANTIAGO, ALEXA        |
| Address         | 2634 QUAIL POND WAY       | Address         | 14 LORIGAN ST.         |
| City-State-Zip: | KISSIMMEE FL 34743        | City-State-Zip: | ISLIP TERRACE NY 11752 |
|                 |                           |                 |                        |
| Title           | S                         |                 |                        |
| Name            | LANE, SYDNEY              |                 |                        |
| Address         | 3244 W MEMORIAL RD. APT C |                 |                        |
| City-State-Zip: | OKLAHOMA CITY OK 73120    |                 |                        |

*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:** NICOLE NIEVES

**PRESIDENT**

**08/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date