

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000116623

Entity Name: LIMITLESS PRODUCTS LLC**Current Principal Place of Business:**1526 BOWMORE DR.
CLEARWATER, FL 33755**Current Mailing Address:**1526 BOWMORE DR.
CLEARWATER, FL 33755**FEI Number:** 86-3304362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEDELKOVSKA, BONA
1526 BOWMORE DR.
CLEARWATER, FL 33755 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**Authorized Person(s) Detail :**

Title	AR
Name	CHADO, MARINA
Address	UL DICH0 PETROV BR 2 KISELA VODA
City-State-Zip:	SKOPJE SK 1000

Title	AR
Name	KORPETINOS, IOANNIS
Address	27050 VARTOLOMIO
City-State-Zip:	DIMITRA DI 27050

Title	AR
Name	MAZHEVSKA, AVGUSTINA
Address	UL MILTON MANAKI BR 30-11
City-State-Zip:	BITOLA BI 1000

Title	MANAGER
Name	NEDELKOVSKA, BONA
Address	1526 BOWMORE DR.
City-State-Zip:	CLEARWATER FL 33755

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BONA NEDELKOVSKA

MANAGER

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date