

## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

For Office Use Only



## Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

-FILED-

File #: 0005761426

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Due no later than: 06/30/2024

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SOS Control Number: 4317952 Limited Liability Company (D)		Filing Status: Active-Existing		r
		Date Formed: 06/15/2021 Formation Locale: ID		1
Name and Mai	iling Address:	(1) Add or Change Mailing Address:		
Limitless Produ				
79 N JEFFERS				Ğ
NAMPA, ID 83	6651-5037			ř
	ent (RA) and Registered	Office (RO) Address: (2) C	hange RA and/or RO Address:	
CARLOS J LUI				į
79 N JEFFERSON ST NAMPA, ID 83651				 
INAIVIFA, ID 63	0001			(
				- 1
	Note: The Registe	ered Office address must be a physical Ida	ho address (no postal box).	
(3) New Regis	tered Agent (RA) Signatu	re:		C
(e) Hell Hegie	torou rigorit (riri) orginata	If a new agent is appointed in item (2) a	bove, the new agent must sign here to	
(4) Limited Liabil These will not be	ity Companies: Enter names accepted. Changes here wil	and addresses of Managers OR Membel not affect the entity mailing address. If	ers. Do NOT put 'same as last y more space is needed, please	year' or 'same as above'. add an attachment.
Manager/Member	Name	Business Address	City, State	e, Zip
∭ Mgr	Castostona	79N Jeffel Sor	25+ Nampa	-, ID, 8345/
Mgr				
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(5) Signature:	allow hu	(6) Da	ate: 6-04-2024 tle: Manages	
(7) Type/Print Nam	ne: Carlos Lunga	(8) Ti	He: Manages	~
Instructions: Leg	gibly complete the form above. S	ign and date this form and return to the addre	ss provided above.	Ĥ