

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000087738

**Entity Name:** I SAY WHO, LLC

**Current Principal Place of Business:**

18172 TAMARACK DR.  
MINNETONKA, MN 55345

**Current Mailing Address:**

PO BOX 1361  
MINNETONKA, MN 55435 US

**FEI Number:** 36-5056742

**Certificate of Status Desired:** No

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

DUNCAN, GORDON  
1601 JACKSON STREET  
SUITE 101  
FORT MYERS, FL 33901 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            AMBR  
Name            BANKEN, CHAD MANAGER  
Address        PO BOX 1361  
City-State-Zip: MINNETONKA MN 55435

*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:** CHADWICK MICHAEL BANKEN

**MANAGER**

**01/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date