

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000168522

**Entity Name:** IS MY NAME, LLC

**Current Principal Place of Business:**

14316 REESE BLVD W  
SUITE B #1618  
HUNTERSVILLE, NC 28078

**Current Mailing Address:**

14316 REESE BLVD W.  
SUITE B #1618  
HUNTERSVILLE, NC 28078 US

**FEI Number:** 88-2074784

**Certificate of Status Desired:** Yes

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

SHERRY, IKIEA  
14316 REESE BLVD W.  
SUITE B #1618  
HUNTERSVILLE, FL 28078 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:** IKIEA SHERRY

04/28/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SHERRY, IKIEA  
Address        14316 REESE BLVD W.  
                  SUITE B #1618  
City-State-Zip: HUNTERSVILLE NC 28078

*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:** IKIEA SHERRY

MANAGER

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date