

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000060823

**Entity Name:** I AM HERBALS LLC

**Current Principal Place of Business:**

5736 NW WHITECAP ROAD  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

5736 NW WHITECAP ROAD  
PORT ST.LUCIE, FLORIDA, AL 34986 US

**FEI Number:** 99-1177902

**Certificate of Status Desired:** No

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

VAZ, KAREN P MRS  
5736 NW WHITECAP ROAD  
PORT ST.LUCIE,, FL 34986 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 CEO  
Name CHANG, ASHLEY J CEO  
Address 5736 NW WHITECAP ROAD  
City-State-Zip: PORT ST.LUCIE FL 34986

Title CFO  
Name VAZ, KAREN P CFO  
Address 5736 NW WHITECAP ROAD  
City-State-Zip: PORT ST. LUCIE FL 34986

*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:** ASHLEY CHANG

CEO

03/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date