

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000527146

**Entity Name:** ISALUTEFLICKS, LLC

**Current Principal Place of Business:**

3491 SW 42ND ST  
217  
OCALA, FL 34471

**FILED**  
**Feb 25, 2026**  
**Secretary of State**  
**4439019629CC**

**Current Mailing Address:**

3491 SW 42ND ST  
217  
OCALA, FL 34471 US

**FEI Number:** 33-2536862

**Certificate of Status Desired:** No

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

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300-N  
ORLANDO, FL 32801 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 MGR  
Name PERKINS, SHACA'RE  
Address 3001 SE LAKE WEIR AVE  
City-State-Zip: Ocala FL 34471

*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:** SHACA'RE PERKINS

**MGR**

**02/25/2026**

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

\_\_\_\_\_  
Date