

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000009338

Entity Name: IAM430J LLC**Current Principal Place of Business:**430J ANSIN BOULEVARD
HALLANDALE BEACH, FL 33009-6341**Current Mailing Address:**430J ANSIN BOULEVARD
HALLANDALE BEACH, FL 33009-6341 US**FEI Number:** 81-1191031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132 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	MEMB
Name	BERAJA, ISAAC
Address	430J ANSIN BOULEVARD
City-State-Zip:	HALLANDALE BEACH FL 33009-6341

Title	MEMB
Name	MORENO, MORIS
Address	430J ANSIN BOULEVARD
City-State-Zip:	HALLANDALE BEACH FL 33009-6341

Title	MEMB
Name	GUGIG, ALFREDO
Address	430J ANSIN BOULEVARD
City-State-Zip:	HALLANDALE BEACH FL 33009-6341

Title	AMBR
Name	BERAJA, ISAAC
Address	430J ANSIN BOULEVARD
City-State-Zip:	HALLANDALE BEACH FL 33009-6341

Title	AMBR
Name	MORENO, MORIS
Address	430J ANSIN BOULEVARD
City-State-Zip:	HALLANDALE BEACH FL 33009-6341

Title	AMBR
Name	GUGIG, ALFREDO
Address	430J ANSIN BOULEVARD
City-State-Zip:	HALLANDALE BEACH FL 33009-6341

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: ALFREDO GUGIG**MEMB****04/16/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date