2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-22-2002 90221 021 ****50.00

DOCUMENT # L01000020506

1. Entity Name

IAM, LLC

Principal Place of Business	Mailing Address
8374 MARKET STREET, #460 BRADENTON FL 34202-5137	8374 MARKET STREET, #460 BRADENTON FL 34202-5137

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 26-0010341 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, REBECCA L
12312 LOBELIA TERRACE
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		**10.** ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Manager NAME KENT ADAMS STREET ADDRESS 8374 Market Street, #460 CITY-ST-ZIP BRADENTON, FLORIDA 34202-5137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ REQUIRED KENT ADAMS, MGR   4/30/02   941-907-9873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #