

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000160672

**Entity Name:** IQ INSURANCE GROUP LLC

**Current Principal Place of Business:**

4720 SALISBURY ROAD  
STE 205  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4720 SALISBURY ROAD  
STE 205  
JACKSONVILLE, FL 32256 US

**FEI Number:** 46-4121141

**Certificate of Status Desired:** No

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

RILEY, GEOFFREY  
4720 SALISBURY ROAD  
STE 205  
JACKSONVILLE, FL 32256 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            MANAGED MEMBER  
Name            RILEY, SANDY A  
Address        4720 SALISBURY ROAD  
                  STE 205  
City-State-Zip: JACKSONVILLE FL 32256

Title            MANAGED MEMBER  
Name            RILEY, GEOFFREY M  
Address        4720 SALISBURY ROAD  
                  STE 205  
City-State-Zip: JACKSONVILLE FL 32256

*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:** RILEY, SANDY A

**MANAGED MEMBER**

**08/05/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date