

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000021994

**Entity Name:** IAM GROUP LLC**Current Principal Place of Business:**2307 WEST CLOVELLY LANE  
SAINT AUGUSTINE, FL 32092**Current Mailing Address:**2307 WEST CLOVELLY LANE  
SAINT AUGUSTINE, FL 32092 US**FEI Number:** 82-4186582**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BANSAL, SUSHIL KUMAR  
2307 WEST CLOVELLY LANE  
SAINT AUGUSTINE, FL 32092 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           | AUTHORIZED MEMBER        |
| Name            | THE BANSAL TRUST         |
| Address         | 2307 WEST CLOVELLY LANE  |
| City-State-Zip: | SAINT AUGUSTINE FL 32092 |

|                 |                               |
|-----------------|-------------------------------|
| Title           | AUTHORIZED MEMBER             |
| Name            | THE ARORA TRUST               |
| Address         | 9027 HAMPTON LANDING DR. EAST |
| City-State-Zip: | JACKSONVILLE FL 32256         |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | AUTHORIZED MEMBER                   |
| Name            | ARVIND KUMAR BANSAL REVOCABLE TRUST |
| Address         | 192 SOMERSLY PL                     |
| City-State-Zip: | LEXINGTON KY 40515                  |

*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:** SUSHIL BANSAL

MANAGER

06/24/2021

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