## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007135

Entity Name: IF, L.L.C.

**Current Principal Place of Business:** 

9229 EQUUS CIRCLE BOYNTON BEACH, FL 33472

**Current Mailing Address:** 

10290 W. ATLANTIC AVE. UNIT #480365

DELRAY BEACH, FL 33448 US

FEI Number: 58-2679207 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HABERMAN, NANCI 9229 EQUUS CIRCLE BOYNTON BEACH, FL 33472 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name HABERMAN, DAVID Name HABERMAN, NANCI

Address 10290 W. ATLANTIC AVE. Address 10290 W. ATLANTIC AVE.

UNIT #480365 UNIT #480365

City-State-Zip: DELRAY BEACH FL 33448 City-State-Zip: DELRAY BEACH FL 33448

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.

MGR

SIGNATURE: NANCI HABERMAN Electronic Signature of Signing Authorized Person(s) Detail 04/23/2018

**FILED** Apr 23, 2018

**Secretary of State** 

CC6525175023

Date