

2015 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:

PO BOX 480365
DELRAY BEACH, FL 33448

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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HABERMAN, DAVID
Address PO BOX 480365
City-State-Zip: DELRAY BEACH FL 33448

Title MGR
Name HABERMAN, Nanci
Address PO BOX 480365
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.

SIGNATURE: Nanci HABERMAN

MGR

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date