

**2017 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

04/12/2017

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

\_\_\_\_\_  
Date