

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000011531

**Entity Name:** IF ONLY, LLC

**Current Principal Place of Business:**

3121 INNOVATION DR.  
ST. CLOUD, FL 34769

**Current Mailing Address:**

3121 INNOVATION DR.  
ST. CLOUD, FL 34769

**FEI Number:** 90-1038546

**Certificate of Status Desired:** No

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

ROBERTSON, CHRISTIAN B  
3121 INNOVATION DR.  
ST. CLOUD, FL 34769 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	AMBR	Title	AMBR
Name	ROBERTSON, CHRISTIAN B	Name	SALDI, RONALD L SR.
Address	3121 INNOVATION DR.	Address	1830 HARBOR RD.
City-State-Zip:	ST. CLOUD FL 34769	City-State-Zip:	KISSIMMEE FL 34746

*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:** CHRISTIAN B. ROBERTSON

MGMR

04/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date