

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000011531

Entity Name: IF ONLY, LLC

Current Principal Place of Business:

1525 10TH STREET
ST. CLOUD, FL 34769

Current Mailing Address:

P.O. BOX 700031
SAINT CLOUD, FL 34770 US

FEI Number: 90-1038546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTSON, CHRISTIAN B
5190 HARKLEY RUNYAN RD.
ST. CLOUD, FL 34771 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 MGRM
Name ROBERTSON, CHRISTIAN B
Address 5190 HARKLEY RUNYAN RD.
City-State-Zip: ST. CLOUD FL 34771

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

MGRM

04/26/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date