

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000011531

**Entity Name:** IF ONLY, LLC

**Current Principal Place of Business:**

5190 HARKLEY RUNYAN RD.  
ST. CLOUD, FL 34771

**Current Mailing Address:**

5190 HARKLEY RUNYAN RD.  
ST. CLOUD, FL 34771 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           MANAGER  
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

MANAGER

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date