

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000036006

**Entity Name:** IFIX4LESS,LLC

**Current Principal Place of Business:**

7618 N 56TH ST  
TAMPA, FL 33617

**Current Mailing Address:**

7618 N 56TH ST  
TAMPA, FL 33617 US

**FEI Number:** 84-4493666

**Certificate of Status Desired:** No

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

CHARLES, FRANCESCA  
4811 RIVER GRASS CT  
APT C  
TAMPA, FL 33617 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:** CHARLES FRANCESCA

01/04/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CHARLES, FRANCESCA  
Address        7618 N 56TH ST  
City-State-Zip: TAMPA FL 33617

*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:** CHARLES , FRANCESCA

MANAGER

01/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date