

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006906

**Entity Name:** ANCESTRY RETAIL, LLC

**Current Principal Place of Business:**

10739 DEERWOOD PARK BLVD  
SUITE 300  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10739 DEERWOOD PARK BLVD  
SUITE 300  
JACKSONVILLE, FL 32256 US

**FEI Number:** 26-4326112

**Certificate of Status Desired:** No

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

SLEIMAN, PETER D  
10739 DEERWOOD PARK BLVD  
SUITE 300  
JACKSONVILLE, FL 32256 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 SLEIMAN, PETER D  
Address 10739 DEERWOOD PARK BLVD STE  
300  
City-State-Zip: JACKSONVILLE FL 32256

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER D SLEIMAN

**SOLE MEMBER**

**03/22/2013**

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

\_\_\_\_\_  
Date