

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000015114

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC0565598849**

**Entity Name:** RETAIL AUTHORITY, LLC

**Current Principal Place of Business:**

1 SLEIMAN PARKWAY SUITE 270  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1 SLEIMAN PARKWAY SUITE 270  
JACKSONVILLE, FL 32216 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WHITE, ROBERT K  
1 SLEIMAN PARKWAY SUITE 270  
JACKSONVILLE, FL 32216 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, ANTHONY T  
Address 1 SLEIMAN PARKWAY SUITE 270  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name SLEIMAN, JR., ELI T  
Address 1 SLEIMAN PARKWAY SUITE 270  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name SLEIMAN, JOSEPH E  
Address 1 SLEIMAN PARKWAY, SUITE 270  
City-State-Zip: JACKSONVILLE FL 32216

Title COO  
Name WHITE, ROBERT K  
Address 1 SLEIMAN PARKWAY, SUITE 270  
City-State-Zip: JACKSONVILLE FL 32216

*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:** ANTHONY T. SLEIMAN

**MANAGER**

**01/15/2015**

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

\_\_\_\_\_  
Date