## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000015114

Entity Name: RETAIL AUTHORITY, LLC

## **Current Principal Place of Business:**

1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE. FL 32216

**Current Mailing Address:** 

1 SLEIMAN PARKWAY SUITE270 JACKSONVILLE, FL 32216 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STATEN, ROCKFORD 1 SLEIMAN PARKWAY SUITE270 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

FILED Jan 28, 2019

**Secretary of State** 

1917949815CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name SLEIMAN, ANTHONY T Name SLEIMAN, JR., ELI T

Address 1 SLEIMAN PARKWAY SUITE 270 Address 1 SLEIMAN PARKWAY SUITE 270

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title MGR Title V

Name SLEIMAN, JOSEPH E Name HERZBERG, MICHAEL W

Address 1 SLEIMAN PARKWAY, SUITE 270 Address 1 SLEIMAN PARKWAY SUITE 270

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title COO

Name MCNAUGHTON, MICHAEL H.
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

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

01/28/2019