

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000005822

**Entity Name:** NORTHSIDE SPECIALISTS, LLC

**Current Principal Place of Business:**

3146-B NORTHSIDE DRIVE  
KEY WEST, FL 33040

**Current Mailing Address:**

PO BOX 816728  
HOLLYWOOD, FL 33081 US

**FEI Number:** 65-0443340

**Certificate of Status Desired:** No

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

MELINE, SAMUEL M  
3501 KEYSER AVE  
UNIT 18  
HOLLYWOOD, FL 33081 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           MANAGING PARTNER  
Name           MELINE, SAMUEL M  
Address        3501 KEYSER AVE  
                  UNIT 18  
City-State-Zip: HOLLYWOOD FL 33021

*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:** SAMUEL M MELINE

MNG PRTNR

02/01/2015

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

\_\_\_\_\_ Date