

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000042095

**Entity Name:** NORDSIDE, LLC

**Current Principal Place of Business:**

20801 BISCAYNE BLVD.  
SUITE 306  
AVENTURA, FL 33180

**Current Mailing Address:**

20801 BISCAYNE BLVD.  
SUITE 306  
AVENTURA, FL 33180 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TORRES, CLAUDIO P  
20801 BISCAYNE BLVD  
#306  
AVENTURA, FL 33180 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:** CLAUDIO TORRES

06/19/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TORRES, CLAUDIO PEDRO  
Address 16275 COLLINS AVENUE, APT 2603  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name LUBLINSKY, EDUARDO CESAR  
Address 16275 COLLINS AVENUE, APT 2603  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** CLAUDIO PEDRO TORRES

P

06/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date