

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111295

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** NORTHSIDE OFFICES, LLC

**Current Principal Place of Business:**

3319 STATE ROAD 7  
SUITE 313  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

3319 STATE ROAD 7  
SUITE 313  
WELLINGTON, FL 33449

**New Mailing Address:**

**FEI Number:** 20-8202535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABDOLVAHABI, RAMIN M  
3319 STATE ROAD 7  
SUITE 313  
WELLINGTON, FL 33449 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ABDOLVAHABI, RAMIN  
**Address:** 3319 STATE ROAD 7, SUITE 313  
**City-St-Zip:** WELLINGTON, FL 33449

**Title:** MGR  
**Name:** ALVAREZ, RAMON  
**Address:** 3319 STATE ROAD 7, SUITE 313  
**City-St-Zip:** WELLINGTON, FL 33449

**Title:** MGR  
**Name:** LEVINE, MARC  
**Address:** 3319 STATE ROAD 7, SUITE 313  
**City-St-Zip:** WELLINGTON, FL 33449

I hereby certify that the information indicated on this 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.

**SIGNATURE:** RAMIN M. ABDOLVAHABI

MGR

02/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date