

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000005826

**Entity Name:** SHERIDAN MEDICAL BUILDING, L.L.C.

**Current Principal Place of Business:**

4420 SHERIDAN ST.  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

PO BOX 816728  
HOLLYWOOD, FL 33081

**FEI Number:** 59-1441118

**Certificate of Status Desired:** No

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

MELINE, SAMUEL M  
3501 KEYSER AVE  
UNIT 18  
HOLLYWOOD, FL 33021 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 MELINE, SAMUEL M  
Address PO BOX 816728  
City-State-Zip: HOLLYWOOD FL 33081

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

**MANAGER**

**03/17/2020**

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

\_\_\_\_\_  
Date