

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000088126

Entity Name: NOMAD TRIBE STORE, LLC**Current Principal Place of Business:**8291 NE 2 AVE
MIAMI, FL 33138**Current Mailing Address:**8291 NE 2 AVE
MIAMI, FL 33138 US**FEI Number:** 47-4074822**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALEZAR AND ASSOCIATES, INC.
12485 SW 137TH AVENUE
SUITE 206
MIAMI, FL 33186 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:** MIRTHA ALMANZAR

04/26/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--------------------------|
| Title | AMBR |
| Name | MONTES DE OCA, JUAN JOSE |
| Address | 8291 NE 2 AVE |
| City-State-Zip: | MIAMI FL 33138 |

| | |
|-----------------|----------------|
| Title | AMBR |
| Name | SAVINO, MARIA |
| Address | 8291 NE 2 AVE |
| City-State-Zip: | MIAMI FL 33138 |

| | |
|-----------------|------------------|
| Title | MGR |
| Name | DE JESUS, ALVARO |
| Address | 8291 NE 2 AVE |
| City-State-Zip: | MIAMI FL 33138 |

| | |
|-----------------|-------------------|
| Title | AMBR |
| Name | CLV55 DESIGN, LLC |
| Address | 8291 NE 2 AVE |
| City-State-Zip: | MIAMI FL 33138 |

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: ALVARO DE JESUS**MANAGER**

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date