

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000088126

**Entity Name:** NOMAD TRIBE STORE, LLC

**Current Principal Place of Business:**

1200 BRICKELL AVE. #1800  
MIAMI, FL 33131

**Current Mailing Address:**

1200 BRICKELL AVE. #1800  
MIAMI, FL 33131

**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

04/07/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MONTES DE OCA, JUAN JOSE  
Address 1200 BRICKELL AVE. #1800  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name SAVINO, MARIA  
Address 1200 BRICKELL AVE. #1800  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name DE JESUS, ALVARO  
Address 1200 BRICKELL AVE. #1800  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name CLV55 DESIGN, LLC  
Address 1200 BRICKELL AVE. #1800  
City-State-Zip: MIAMI FL 33131

*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

AMBR

04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date