

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000130240

**Entity Name:** NOMAD NIGHTS LLC

**Current Principal Place of Business:**

14 NE FIRST AVENUE, SUITE 507  
MIAMI, FL 33132

**Current Mailing Address:**

14 NE FIRST AVENUE, SUITE 507  
MIAMI, FL 33132 UN

**FEI Number:** 84-3060225

**Certificate of Status Desired:** No

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

GONZALEZ, JONATHAN A  
14 NE FIRST AVENUE, SUITE 507  
MIAMI, FL 33132 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 GONZALEZ, JONATHAN A  
Address 14 NE FIRST AVENUE, SUITE 507  
City-State-Zip: MIAMI FL 33132

Title MGR  
Name THOMPSON, LAUREN G  
Address 725 WADDELL AVENUE, APT. 7  
City-State-Zip: KEY WEST FL 33040

Title MGR  
Name THOMPSON, TROY D  
Address 725 WADDELL AVENUE, APT. 7  
City-State-Zip: KEY WEST FL 33040

*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:** JONATHAN ALEXANDER GONZALEZ

**OWNER**

**06/23/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date