

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000048093

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Entity Name:** NOMAD ADVENTURE TOURS LLC

**Current Principal Place of Business:**

520 SE 5TH AVENUE, STE. 3404  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

21 BEECHDALE LANE  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

520 SE 5TH AVENUE, STE. 3404  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

2129 S. BEVERLY GLEN BLVD.  
LOS ANGELES, CA 90025

**FEI Number:** 45-1690369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DWORKIN, ELISE  
520 SE 5TH AVENUE, STE. 3404  
FORT LAUDERDALE, FL 33301 US

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

DWORKIN, ELISE  
21 BEECHDALE LANE  
BOYNTON BEACH, FL 33426 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:

04/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BIRT, CHRISTOPHER  
Address: 2129 S. BEVERLY GLEN BLVD.  
City-St-Zip: LOS ANGELES, CA 90025

Title: MGRM  
Name: CAEDO, GERALDINE  
Address: 1157 N. MARYLAND AVENUE #2  
City-St-Zip: GLENDALE, CA 91207

Title: MGRM  
Name: DWORKIN, ELISE  
Address: 21 BEECHDALE LANE  
City-St-Zip: BOYNTON BEACH, FL 33426

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: GERALDINE CAEDO

MGRM

04/01/2012

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