

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JUN 14 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000568

1. Entity Name
THE GLOBAL NOMAD, LLC

Principal Place of Business
12502 MISSION HILLS CIRCLE SOUTH
JACKSONVILLE FL 32225

Mailing Address
12502 MISSION HILLS CIRCLE SOUTH
JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
51 OCEAN BREEZE DR.
Suite, Apt. #, etc.

3. Mailing Address
51 OCEAN BREEZE DR.
Suite, Apt. #, etc.

City & State
ATLANTIC BEACH, FL
Zip 32233 Country USA

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ATLANTIC BEACH, FL
Zip 32233 Country USA

4. FEI Number 59-3502550
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MITCHELL, PAMELA
12502 MISSION HILLS CIRCLE SOUTH
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent
Name PAMELA MITCHELL
Street Address (P.O. Box Number is Not Acceptable)
51 OCEAN BREEZE DRIVE
City ATLANTIC BEACH FL Zip Code 32233

8. 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 [Signature] DATE 1-22-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE MGRM
NAME PAMELA A. MITCHELL
STREET ADDRESS 51 OCEAN BREEZE DR.
CITY-ST-ZIP ATLANTIC BEACH, FL 32233
Delete
Delete
Delete
Delete
Delete
Delete

10. ADDITIONS/CHANGES
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 500004423705--0
-06/18/01--0101 Change 013 Addition
*****50.00 *****50.00
Delete
Delete
Delete
Delete
Delete
Delete

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] DATE 1-22-01 904-246-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

0031971 SP

CR2E083 (11/00)