

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000225716

**Entity Name:** NOMI ARMOIRE LLC

**Current Principal Place of Business:**

830 NW 210 ST  
104  
MIAMI, FL 33169

**Current Mailing Address:**

830 NW 210 ST  
104  
MIAMI, FL 33169 US

**FEI Number:** 83-2018049

**Certificate of Status Desired:** No

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

HARDEN, LAKENYA K  
830 NW 210 ST  
104  
MIAMI, FL 33169 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 AR  
Name HARDEN, LAKENYA K  
Address 830 NW 210 ST APT 104  
City-State-Zip: MIAMI FL 33169

*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:** LAKENYA K HARDEN

AR

04/05/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date