

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000238814

**Entity Name:** NOMADE, LLC

**Current Principal Place of Business:**

5600 NW 76 AVE  
#6667796  
MIAMI, FL 33166

**Current Mailing Address:**

PO BOX 6667796  
MIAMI, FL 33166 US

**FEI Number:** 83-2144529

**Certificate of Status Desired:** Yes

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

DAVIS-LOCKWARD, MIRTHA  
5600 NW 72 AVE  
#6667796  
MIAMI, FL 33166 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 DAVIS-LOCKWARD

02/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name DAVIS-LOCKWARD, ANDREW  
Address PO BOX 651458  
City-State-Zip: MIAMI FL 33265

*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:** ANDREW DAVIS-LOCKWARD

REGISTERED AGENT

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date