

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000298328

**Entity Name:** NOMAD HOSPITALITY, LLC

**Current Principal Place of Business:**

1883 W. ROYAL HUNTE DR.  
SUITE 200A  
CEDAR CITY, UT 84720

**Current Mailing Address:**

1883 W. ROYAL HUNTE DR.  
SUITE 200A  
CEDAR CITY, UT 84720 US

**FEI Number:** 84-4001145

**Certificate of Status Desired:** No

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

REGISTERED AGENT SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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 DACOSTA, CARLY A  
Address 1883 W. ROYAL HUNTE DR. SUITE  
200A  
City-State-Zip: CEDAR CITY UT 84720

Title MGR  
Name DACOSTA, JERED D  
Address 1883 W ROYAL HUNTE DR., SUITE  
200A  
City-State-Zip: CEDAR CITY UT 84720

*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:** CARLY A. DACOSTA

**MANAGER**

**04/24/2020**

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

\_\_\_\_\_  
Date