# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L22000165047

Entity Name: NOMADE EXPERIENCE LLC

**Current Principal Place of Business:** 

488 NE 18TH STREET 3809 MIAMI, FL 33132

# **Current Mailing Address:**

488 NE 18TH STREET 3809 MIAMI, FL 33132

# FEI Number: APPLIED FOR

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

SHNAYDERMAN, ANTHONY 488 NE 18TH STREET 5001 MIAMI, FL 33132 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

#### Authorized Person(s) Detail :

| Autionzeu Person(s) Detail. |                                  |                 |                            |
|-----------------------------|----------------------------------|-----------------|----------------------------|
| Title                       | MGR                              | Title           | MGR                        |
| Name                        | EXPERIENTIAL HOSPITALITY GROUP   | Name            | NYX GROUP LLC              |
| Address                     | LLC<br>488 NE 18TH STREET, #5001 | Address         | 300 BAYVIEW DR #306        |
| Audress                     |                                  | City-State-Zip: | SUNNY ISLES BEACH FL 33160 |
| City-State-Zip:             | MIAMI FL 33132                   |                 |                            |
| Title                       | MGR                              |                 |                            |
| Name                        | NOMADE LLC                       |                 |                            |
| Address                     | 2076 NE 121ST ROAD               |                 |                            |
| City-State-Zip:             | NORTH MIAMI FL 33181             |                 |                            |

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: ANTHONY SHNAYDERMAN

MEMBER

04/05/2024

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date