

**2023 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name EXPERIENTIAL HOSPITALITY GROUP LLC  
Address 488 NE 18TH STREET, #5001  
City-State-Zip: MIAMI FL 33132

Title MGR  
Name NYX GROUP LLC  
Address 300 BAYVIEW DR #306  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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**

**04/24/2023**

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

\_\_\_\_\_  
Date