

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000359775

**Entity Name:** CASH NOVELTIES LLC

**Current Principal Place of Business:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

208 CAROLINE ST  
APT 504  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 87-2137505

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 AMBR  
Name CASH, FREDDIE  
Address 7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR  
Name CASH, NAJEE  
Address CHURCHILL ROAD # 15  
City-State-Zip: FREEPORT GB 41749

Title AUTHORIZED MEMBER  
Name CASH, JANA E ASHLEY  
Address 208 CAROLINE ST  
APT 504  
City-State-Zip: CAPE CANAVERAL FL 32920

Title AUTHORIZED MEMBER  
Name CASH, ANAYA BRIELLE  
Address 208 CAROLINE ST  
APT 504  
City-State-Zip: CAPE CANAVERAL FL 32920

*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:** NAJEE CASH

AMBR

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date