

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 11 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000078075

1. Limited Liability Company's Name

GSPEED CONSULTING LLC

000165314850
01/08/10--01025--003 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

5570A N OCEAN BLVD

3. Mailing Office Address

5570A N OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCEAN RIDGE, FL

City & State

OCEAN RIDGE, FL

Zip

33435

Country

USA

Zip

33435

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8/5/05

6. FEI Number

203409489

Applied For

☒ Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

TEDMOND W. GOODSPEED

Street Address (P.O. Box Number is Not Acceptable)

5570A N OCEAN BLVD

Suite, Apt. #, Etc.

City

OCEAN RIDGE

State

FL

Zip Code

33435

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Tedmond W. Goodspeed

Date 1/5/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MAN	TEDMOND W. GOODSPEED	5570A N OCEAN BLVD	OCEAN RIDGE, FL 33435

11. E-mail Address: twgoodspeed@gmail.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Tedmond W. Goodspeed

Date 1/5/10

Daytime Phone # (361) 301-3340

Typed or printed name of signing Managing Member/Manager

TEDMOND W. GOODSPEED