PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2025 JAN -2 AM 10:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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01/02/25--01010--001 **125.00

[redacted]

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22000164017

1. Limited Liability Company's Name
Speedy Kash LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18117 Biscayne Blvd	18117 Biscayne Blvd
Suite, Apt. #, etc.: #1445	Suite, Apt. #, etc.: #1445
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33160 Country: US	Zip: 33160 Country: US

CR2E041 (1/14)

4. State/Country of Formation: Florida / United States

5. Date Organized or Qualified To Do Business in Florida: 04/05/2022

6. FEI Number: 88-1929251 ☐ 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: Bryant Cabrera

Street Address (P.O. Box Number is Not Acceptable) Suite,: 18117 Biscayne Blvd

Apt. #, Etc.: 1445

City: Aventura State: FL Zip Code: 33160

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Bryant Cabrera Date: 12/23/24

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Bryant Cabrera	18117 Biscayne Blvd	Aventura/FL/33160

11. E-mail Address: BryantJ2088@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Bryant Cabrera Date: 12/23/24 Daytime Phone #: (347) 778-9289

Typed or printed name of signing authorized representative/member: Bryant Cabrera

JAN -2 2025