

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000153273

Entity Name: ACME SPECIALITIES LLC

Current Principal Place of Business:

323 LENAIN DRIVE
NOKOMIS, FL 34275

Current Mailing Address:

PO BOX 867
OSPREY, FL 34229

FEI Number: 46-4288056

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRATZ, MARTHA U
324 LAUREL HOLLOW DRIVE
NOKOMIS, FL 34275 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 KRATZ, CHARLES J
Address 323 LENAIN DRIVE
City-State-Zip: NOKOMIS FL 32475

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: CHARLES KRATZ

04/24/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date