

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000153273

**Entity Name:** ACME SPECIALITIES LLC

**Current Principal Place of Business:**

324 LAUREL HOLLOW DRIVE  
NOKOMIS, FL 34275

**Current Mailing Address:**

PO BOX 1093  
OSPREY, FL 34229 US

**FEI Number:** 46-4288056

**Certificate of Status Desired:** No

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

KRATZ, MARTHA  
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:** MARTHA KRATZ

04/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	KRATZ, CHARLES J	Name	MARKIEWICZ, KIMBERLY
Address	PO BOX 1093	Address	PO BOX 1093
City-State-Zip:	OSPREY FL 34229	City-State-Zip:	OSPREY FL 34229

*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:** KIMBERLY ANN MARKIEWICZ

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date