2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015742

1. Entity Name
ASH CHEMICAL, LLC

Principal Place of Business

2180 W. STATE ROAD 434 SUITE 2118 LONGWOOD, FL 32779 Mailing Address

2180 W. STATE ROAD 434 SUITE 2118 LONGWOOD, FL 32779

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90027 027 ***138.75

60028974



02072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
59-3709611	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRIEDMAN, MARTIN S SANDLANDO CENTER 2180 W. STATE ROAD 434, SUITE 2118 LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

318.08

	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or both, in:	the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR FRIEDMAN, MARTIN S 2180 W. STATE ROAD 434, SUITE 2118 LONGWOOD, FL 32779		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP		IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	half have the same legal effect as if made under oath; the	hat I am a managing member or manager of the