

# L15000159319

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

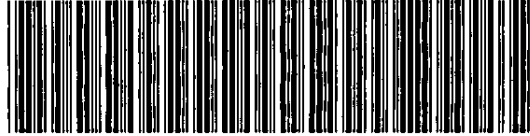
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2015 DEC 28 PM 2:44

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N. Cuffman SEP 30 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACE CHEMICAL SUPPLY LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY R WOLFE

Name of Person

ACE CHEMICAL SUPPLY

Firm/Company

10015 BROOKS ST

Address

TAMPA FL 33612

City/State and Zip Code

LRWOLFEMAN85@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry r wolfe

Name of Person

at ( 813 )

Area Code

918-7494

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (9/15)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2015

LARRY R WOLFE  
10015 BROOKS STREET  
TAMPA, FL 33612

SUBJECT: ACE CHEMICAL SUPPLY LLC  
Ref. Number: L15000159319

We have received your document for ACE CHEMICAL SUPPLY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 315A00020682

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is:

ACE CHEMICAL SUPPLY LLC  
A

**SECOND:**

The Florida Document number of the limited liability company is:

L15000159319

**THIRD:**

Document to be corrected is:

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ACE CHEMICAL SUPPLY LLC ~~Supply~~  
was misspelled it should read  
ACE CHEMICAL SUPPLY, LLC

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



The electronic transmission of the record was defective.

Larry R. Walk  
Signature of Authorized Representative

12/28-2015  
Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:                      \$25.00**  
**Certified Copy:                \$30.00 (optional)**

FILED  
2015 DEC 28 PM 2:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE