

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001440

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: BENEFIT COSMETICS LLC

**Current Principal Place of Business:**

685 MARKET ST. 7TH FLOOR  
SAN FRANCISCO, CA 94105

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: FRANCOIS DARRICAU  
685 MARKET ST 7TH FL  
SAN FRANCISCO, CA 94105

**New Mailing Address:**

FEI Number: 94-3339302      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BELLONI, ANTONIO  
Address: 19 E 57TH ST  
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete  
Name: INGRAM, BRUCE  
Address: 19 E 57TH ST  
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete  
Name: DUSSEAUX, HUGUES  
Address: 19 EAST 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete  
Name: FORD, JEAN  
Address: 685 MARKET ST. 7TH FLOOR  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: MGR ( ) Delete  
Name: FORD, JANE  
Address: 685 MARKET ST. 7TH FLOOR  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: MGR ( ) Delete  
Name: FORD, LEE  
Address: 685 MARKET ST. 7TH FLOOR  
City-St-Zip: SAN FRANCISCO, CA 94105

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEAN FORD

MGR

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date