2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003731

Entity Name: MAKE UP FOR EVER LLC

Current Principal Place of Business:

841 BROADWAY 4TH FLOOR

NEW YORK, NY 10003

FILED
Jan 04, 2021
Secretary of State
5216387224CC

Current Mailing Address:

841 BROADWAY 4TH FLOOR NEW YORK, NY 10003 US

FEI Number: 13-4139694 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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	MANAGER	Title	MANAGER
Name	RODRIGUEZ, GABRIELLE	Name	ROBIN, OLIVIER
Address	841 BROADWAY 4TH FLOOR	Address	841 BROADWAY 4TH FLOOR

City-State-Zip: NEW YORK NY 10003 City-State-Zip: NEW YORK NY 10003

Title MANAGER Title PRESIDENT

Name BURELIER, ALINE Name KILDUFF, SYLVIE

Address 841 BROADWAY ATH FLOOR 4TH FLOOR

City-State-Zip: NEW YORK NY 10003 City-State-Zip: NEW YORK NY 10003

Title TREASURER, CFO Title VICE PRESIDENT

Name DE MALARTIC, FABIEN Name MORGAN, BEVERLY

Address 841 BRIADWAY
4TH FLOOR 4TH FLOOR

City-State-Zip: NEW YORK NY 10003 City-State-Zip: NEW YORK NY 10003

Title SECRETARY Title VP

NameFIRESTONE, LOUISENameMC AMIS, SHARLAAddress19 EAST 57TH STREETAddress841 BROADWAYCity-State-Zip:NEW YORK NY 100224TH FLOOR

City-State-Zip: NEW YORK NY 10003

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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: LOUISE FIRESTONE SECRETARY 01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title

Name SICILIANO, ERICA 841 BROADWAY 4TH FLOOR Address

City-State-Zip: NEW YORK NY 10003