

2019 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**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
Name MAROUANI, RACHEL
Address 841 BROADWAY
4TH FLOOR
City-State-Zip: NEW YORK NY 10003

Title MANAGER
Name SCHETTER, MIKAEL
Address 841 BROADWAY
4TH FLOOR
City-State-Zip: NEW YORK NY 10003

Title MANAGER
Name BURELIER, ALINE
Address 841 BROADWAY
4TH FLOOR
City-State-Zip: NEW YORK NY 10003

Title PRESIDENT
Name DE METZ, LAURE
Address 841 BROADWAY
4TH FLOOR
City-State-Zip: NEW YORK NY 10003

Title CHIEF OPERATING OFFICER,
TREASURER
Name DEVAUX, MARC
Address 841 BRIADWAY
4TH FLOOR
City-State-Zip: NEW YORK NY 10003

Title VICE PRESIDENT
Name JOHNSON, MAUREEN
Address 19 EAST 57TH STREET
City-State-Zip: NEW YORK NY 10022

Title SECRETARY
Name FIRESTONE, LOUISE
Address 19 EAST 57TH STREET
City-State-Zip: NEW YORK NY 10022

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****01/03/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date