

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90081 020 \*\*\*\*50.00

0061757

DOCUMENT # L00000007212

1. Entity Name

~~PREMIER FINANCIAL SERVICES, LLC~~

VON BERG COSMETICS, LLC



Principal Place of Business

~~12701 COMMONWEALTH DRIVE, #8~~  
FORT MYERS FL 33913  
US

Mailing Address

~~12701 COMMONWEALTH DRIVE, #8~~  
FORT MYERS FL 33913  
US

2. Principal Place of Business

12750 Commonwealth Dr

3. Mailing Address

12750 Commonwealth Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33913

Country

USA

Zip

33913

Country

USA

4. FEI Number

~~81-0504040~~

90-0025123

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

VON BERG, PETER

12701 COMMONWEALTH DRIVE, SUITE 8  
FORT MYERS FL 33913

7. Name and Address of New Registered Agent

Name

VON BERG, PETER

Street Address (P.O. Box Number is Not Acceptable)

12750 Commonwealth Dr

City

Fort Myers

FL

Zip Code

33913

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE PD  
NAME VON BERG, PETER  
STREET ADDRESS 12701 COMMONWEALTH DRIVE, SUITE 8  
CITY-ST-ZIP BONTA SPRINGS FL 34134

☐ Delete

10. ADDITIONS/CHANGES

TITLE PD  
NAME VON BERG, PETER  
STREET ADDRESS 12750 COMMONWEALTH DR  
CITY-ST-ZIP FORT MYERS, FL 33913

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE REQUIRED

4/15/03

239-225-3407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)