


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008489 1. Entity Name ANISE COSMETICS, LLC	
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Principal Place of Business 2110 KEYSTONE BLVD. NORTH MIAMI FL 33181	Mailing Address 2110 KEYSTONE BLVD. NORTH MIAMI FL 33181
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MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 33-1011193
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip
		Country

6. Name and Address of Current Registered Agent
A1A REGISTERED AGENT, INC. 92 SADBERRY ROAD QUINCY FL 32351-0000

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (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, 2004

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACH, NEAL			NAME			
STREET ADDRESS	2110 KEYSTONE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33181			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Neal K. Wallach **Neal K. WALLACH** 2/1/04 305-895-9585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #