FILED
Jul 28, 2003 8:00 am
Secretary of State
07-28-2003 90066 047 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016216

1. Entity Name
BLUSH, LLC

90147052

Principal Place of Business	Mailing Address
P. O. BOX 917332 LONGWOOD, FL 32791 US	P. O. BOX 917332 LONGWOOD, FL 32791 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 43-1966933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMP, LINDA S 1000 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779	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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMP, LINDA S P. O. BOX 917332 LONGWOOD, FL 32791	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Linda S Camp 7-24-03 321-377-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

901147052

L02000022479
L02000022480
~~L02000022481~~
L02000016216 L02000024645

DUBROW DUKER & ASSOCIATES, P.A.

ACCOUNTANTS & FINANCIAL PLANNERS
2832 University Drive • Coral Springs, Florida 33065
Telephone (954) 345-0323 • Facsimile (954) 341-9766

July 15, 2003

Limited Liability Company
Division of Corporations
PO Box 6478
Tallahassee, FL 32314-6478

Re:	**Mascara, LLC**	**76-0716204**
	Rouge, LLC	**45-0486140**
	Blush, LLC	**43-1966933**
	Lipstick, LLC	**45-0486139**
	Shadow, LLC	**45-0486141**

Dear Sir;

Please be advised that we are submitting the 2003 Limited Liability Company Uniform Business Reports for the above referenced entities. We are also submitting checks in the amount of $150.00 for each entity.

Our client was never sent the UBR forms timely.

Based upon this we respectfully request abatement of all penalties.

Very truly yours,

Steven D. Duker

Cc: Linda S. Camp