

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			
Principal Place of Business P. O. BOX 917332 LONGWOOD, FL 32791 US		Mailing Address P. O. BOX 917332 LONGWOOD, FL 32791 US	
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			
CAMP, LINDA S 1000 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779			
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's signature required when registering.) 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	MGRM	☐ Delete	
NAME	CAMP, LINDA S		
STREET ADDRESS	P. O. BOX 917332		
CITY-STATE-ZIP	LONGWOOD, FL 32791		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
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CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
10. ADDITIONS/CHANGES			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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 606, Florida Statutes.			
SIGNATURE: <i>Linda S. Camp</i> 7-24-03 321-377-3052			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2E083 (10/02)

**DUBROW
DUKER &
ASSOCIATES, P.A.**

Attachment

90147052
L02000022479
L02000022480
L02000022481
L02000022482 L02000024645

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

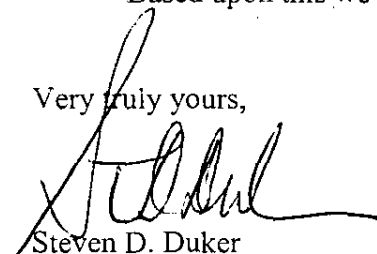
Dear Sir;

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