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Secretary of State
01-20-2004 90207 018 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022479

1. Entity Name
LIPSTICK, LLC

Principal Place of Business	Mailing Address
216 FALLEN PALM DRIVE CASSELBERRY, FL 32707 PO Box 917332 Longwood, FL 32791	P.O. BOX 917332 LONGWOOD, FL 32791-4048

DO NOT WRITE IN THIS SPACE

01112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
45-0486139
☐ 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
216 FALLEN PALM DRIVE
CASSELBERRY, FL 32707
4701 Fox St
Orlando, FL
32814

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7. 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.

Filing Fee is $50.00
Due by May 1, 2004

8. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAMP, LINDA S
STREET ADDRESS	216 FALLEN PALM DRIVE
CITY-ST-ZIP	CASSELBERRY, FL 32707
	PO Box 917332 Longwood, FL 32814
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 1-12-04 321-377-3052
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #