

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90065 002 ***150.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000022479					
1. Entity Name LIPSTICK, LLC					
Principal Place of Business 216 FALLEN PALM DRIVE CASSELBERRY, FL 32707			Mailing Address P.O. BOX 917332 LONGWOOD, FL 32791-4048		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEE Number 45-0486139	
				☐ CHECK HERE IF MAKING CHANGES Applied For: ☐ Not Applicable	
6. Name and Address of Current Registered Agent CAMP, LINDA S 216 FALLEN PALM DRIVE CASSELBERRY, FL 32707				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)					
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	TITLE	☐ Change ☐ Addition	
NAME	CAMP, LINDA S		NAME		
STREET ADDRESS	216 FALLEN PALM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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			Date Daytime Phone #		

CH28033 (10/02)

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

attachment

90147049
L02000022479
L02000022480
L02000022481
L0200016216 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

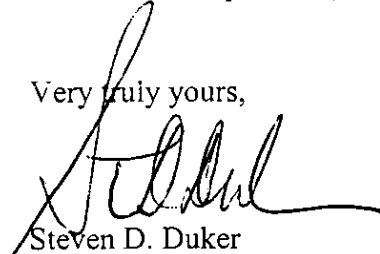
Dear Sir;

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