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

90147049

1. Entity Name
LIPSTICK, LLC

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

☐ 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 45-0486139 ☐ 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 216 FALLEN PALM DRIVE CASSELBERRY, FL 32707	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 ______ Signature, typed or printed name of registered agent and title if applicable. (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, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMP, LINDA S 216 FALLEN PALM DRIVE CASSELBERRY, FL 32707	☐ 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

CR2E093 (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

901470 49

L02000022479
L02000022480
L02000022491
L02000162716 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