

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

07-28-2003 90065 003 ***150.00

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

DOCUMENT # L02000024645					
1. Entity Name MASCARA, 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	
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 _____ Signature, typed or printed name of registered agent and title (if applicable). (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	216 FALLEN PALM DRIVE				
CITY-ST-ZIP	CASSELBERRY, FL 32707				
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
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)(f), 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					

90147048



☐ CHECK HERE IF MAKING CHANGES

76-0716-204 Applied For
NOT APPLICABLE

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

CR2003 (10/02)

Attachment

DUBROW DUKER & ASSOCIATES, P.A.

90147048
L02000022479
L02000022480
L02000022401
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

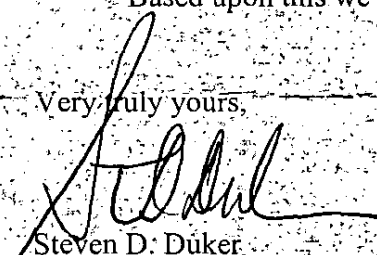
Dear Sir:

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