

2005 LIMITED LIABILITY COMPANY- ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

03-02-2005 90016 015 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000061473					
1. Entity Name EGO COSMETICS LLC					
Principal Place of Business 809 NE 19TH TERRACE FORT LAUDERDALE FL 33304			Mailing Address 809 NE 19TH TERRACE FORT LAUDERDALE FL 33304		
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 90-0205364	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HINDEN, JON A 4430 SOUTHWEST 64TH AVENUE DAVIE FL 33314			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 state if applicable (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALLICK, JEFFREY		NAME		
STREET ADDRESS	809 NE 19TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALLICK, NINA		NAME		
STREET ADDRESS	809 NE 19TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRADLEY, JENNIFER		NAME		
STREET ADDRESS	2125 SE 10TH AVENUE, APT. 1004		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		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 608, Florida Statutes.					
SIGNATURE:  JEFFREY HALLICK			Date: 2-20-05 954-258-4662		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		