

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067751

FILED
Apr 08, 2005
Secretary of State

Entity Name: COTY LLC

Current Principal Place of Business:

10510 GIBSONTON DRIVE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

POST OFFICE 1247
RIVERVIEW, FL 33568 US

Current Mailing Address:

POST OFFICE BOX 1247
RIVERVIEW, FL 33568 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, STEPHEN D
10510 GIBSONTON DRIVE
RIVERVIEW, FL 33568 US

Name and Address of New Registered Agent:

HAMMOND, STEPHEN D
POST OFFICE BOX 1247
RIVERVIEW, FL 33568 US

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.

SIGNATURE:

04/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HAMMOND, STEPHEN D
Address: 10510 GIBSONTON DRIVE
City-St-Zip: RIVERVIEW, FL 33568 US

Title: MGRM () Delete
Name: HAMMOND, SHIRLENE R
Address: 10510 GIBSONTON DRIVE
City-St-Zip: RIVERVIEW, FL 33568 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMMOND, STEPHEN D
Address: POST OFFICE BOX 1247
City-St-Zip: RIVERVIEW, FL 33568 US

Title: MGRM (X) Change () Addition
Name: HAMMOND, SHIRLENE R
Address: POST OFFICE BOX 1247
City-St-Zip: RIVERVIEW, FL 33568 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHEN D HAMMOND

MGRM

04/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date