

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90023 041 ****50.00

DOCUMENT # L05000023029

1. Entity Name

COSMETIX ETC. L.C.



Principal Place of Business

4200 CASTLEBRIDGE LN #1921
SARASOTA FL 34238

Mailing Address

4200 CASTLEBRIDGE LN #1921
SARASOTA FL 34238



2. Principal Place of Business

8375 Glenrose Way #221
Suite, Apt. #, etc. 221

3. Mailing Address

Same.

1st MOORE

CR2E083 (10/05)

City & State

SARASOTA FL

City & State

Same.

4. FEI Number

Applied For

☒ Not Applicable

Zip

34238

Country

U.S.A.

Zip

Same.

Country

Same.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSSIN-SMITH, IWONA
4200 CASTLEBRIDGE LN #1921
SARASOTA FL 34238

8375 Glenrose Way #221
SARASOTA FL 34238

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

I. BUSSIN-SMITH (MGR)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr. 17/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BUSSIN-SMITH, IWONA
STREET ADDRESS 4200 CASTLEBRIDGE LN #1921
CITY-ST-ZIP SARASOTA FL 34238

TITLE CONTROLLER ☐ Delete
NAME G.R. SMITH
STREET ADDRESS 8375 Glenrose Way #221
CITY-ST-ZIP SARASOTA FL 34238

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
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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 exemptions contained in Section 119, 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: G.R. Smith (Controller) 04/17/06 (941) 927-9112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #