

L 07000007689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

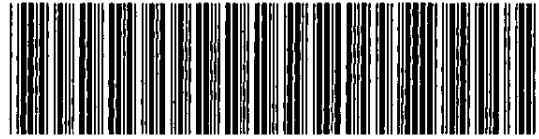
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 25 AM 10:14

T. HAMPTON

APR 28 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSMET ENTERPRISE LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES P. COSTELLO
(Name of Person)

(Firm/Company)

862 SHELLBARK WAY
(Address)

THE VILLAGES FLA 32162
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES COSTELLO at (352) 408-1400
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2008

JAMES P COSTELLO
862 SHELLBARK WAY
THE VILLAGES, FL 32162

SUBJECT: COSMET ENTERPRISE LLC
Ref. Number: L07000007689

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 PM 3:40

RECEIVED

We have received your document for COSMET ENTERPRISE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 208A00016011

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: COSMET ENTERPRISE LLC

2. The mailing address of the limited liability company is: 861 SHELLBARK WAY
THE VILLAGES FL 32162

3. Date of filing/registration in Florida 4/11/08

4. Document number L07000007689

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE FL 32301
City, State and Zip

6. The name and address of the new registered agent and/or office:

JAMES COSTELLO
Name
861 SHELLBARK WAY
Florida street address (P.O. Box NOT acceptable)
THE VILLAGES FL 32162
City, State and Zip

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DIVISION OF CORPORATIONS
08 APR 25 AM 10:14

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

JAMES P COSTELLO
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. If this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00