


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90372 041 \*\*\*138.75

<b>DOCUMENT # L07000070315</b>	
1. Entity Name KISS AND MAKEUP, LLC	

Principal Place of Business 3590 SABLE PALM LANE, APT. E TITUSVILLE, FL 32780	Mailing Address 3590 SABLE PALM LANE, APT. E TITUSVILLE, FL 32780
---	---

**50005910**

2. Principal Place of Business - No P.O. Box # 14124 CHEVAL VINEYARD WAY Suite, Apt. #, etc. APT 101 City & State ORLANDO, FL Zip 32828 Country USA	3. Mailing Address 14124 CHEVAL VINEYARD WAY Suite, Apt. #, etc. APT 101 City & State ORLANDO, FL Zip 32828 Country USA
--	--



05142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0488412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SOMERSALL, NAJA T 3590 SABLE PALM LANE, APT. E TITUSVILLE, FL 32780	7. Name and Address of New Registered Agent Name SOMERSALL, NAJA T Street Address (P.O. Box Number is Not Acceptable) 14124 CHEVAL VINEYARD WAY 101 City ORLANDO FL Zip Code 32828
--	---

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 Naja Somersall DATE 5/14/08  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMERSALL, NAJA T 3590 SABLE PALM LANE, APT. E TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMERSALL, NAJA T 14124 CHEVAL VINEYARD WAY 101 ORLANDO, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Naja Somersall NAJA T SOMERSALL  
MANAGING MEMBER 5/14/08 (321) 961-3775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #