

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051189

FILED
Apr 13, 2009
Secretary of State

Entity Name: MAKEUP BY SUNSHINE LLC

Current Principal Place of Business:

4812 MARSH HAMMOCK DRIVE EAST
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4812 MARSH HAMMOCK DRIVE EAST
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 26-2676031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

OCTOBER SKY MEDIA
4812 MARSH HAMMOCK DRIVE EAST
JACKSONVILLE, FL 32224 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: ROSEMARIE S. OSIF

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, SUNSHINE
Address: 4812 MARSH HAMMOCK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OSIF, JOHN C
Address: 4812 MARSH HAMMOCK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: S () Change (X) Addition
Name: JONES, SUNSHINE
Address: 4812 MARSH HAMMOCK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN C. OSIF

MGRM

04/13/2009

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