## L09000067777

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)		(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)		(Address)
PICK-UP WAIT MAIL  (Business Entity Name)		(Address)
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EXAMIN 9

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Front Page Cosmetics Name of Limited Liability Co	, LLC ompany	<del></del>	
Dear Sir or Madam:			
The enclosed Articles of Correction and fee(s) are submitted for filing			
Please return all correspondence concerning this matter to the following			
Philippe Symonovicz	<u>-</u>		
The Law Offices of Philippe Symon	zvicz		
1995 E. Oakland Park Blvd., #3	<u>N</u> O	2009 SECITALLY	
FUT Lauderdale, FL 33306 City/State and Zip Code	_	1009 JUL 29   SECRETARY O	
Psymonovicz homai. Com E-mail address: (to be used for future annual report notification)	_	PH 2: 14 OF STATE FLORIDA	
For further information concerning this matter, please call:  Philippe Sumonovicz at (954)	, 764-7600		
	ode & 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 \$\ \text{S55 Filing Fee & Certificate of Status}\$\$ Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (08/05)			

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	2:	The name of the I	limited liability comp Ae COSMETICS	pany is:				
SECO:	<u>ND</u> :		ganization or the app		et business			
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	<u>OR</u> Was de		The manner in whic			TAL	2009	
						STATE	<u>;</u>	
Dated:		July 23		2009		-		
	_	Signature of af	pember or authorized Peter or authorized Typed or printed na	Vicz	f a member	-		
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (option	nal)	,		