

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90032 047 \*\*\*\*50.00

**DOCUMENT # L01000017855**

1. Entity Name

**DOVETALE, LLC**



Principal Place of Business

**704 S TAMiami TRAIL  
OSPReY FL 34229**

Mailing Address

**704 S TAMiami TRAIL  
OSPReY FL 34229**

2. Principal Place of Business

3. Mailing Address

**8841 Huntington Pt. Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Sarasota, FL**

Zip

Country

Zip

Country

**34238-4122 USA**

4. FEI Number **65-1146010**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORD, ROY  
704 S TAMiami TRAIL  
OSPReY FL 34229**

Name **Roy Ford**

Street Address (P.O. Box Number is Not Acceptable)

**8841 Huntington Pointe Drive**

City

**Sarasota**

**FL**

Zip Code

**34238-4112**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☒ MGR  
NAME **FORD, ROY** ☐ Delete  
STREET ADDRESS **704 S TAMiami TRAIL**  
CITY-ST-ZIP **OSPReY FL 34229**

TITLE ☒ MGR ☒ Change ☐ Addition  
NAME **Ford, Roy**  
STREET ADDRESS **8841 Huntington Pointe Drive**  
CITY-ST-ZIP **Sarasota, FL 34238-4112**

TITLE ☒ MGR ☐ Delete  
NAME **FORD, SUSAN D**  
STREET ADDRESS **704 S TAMiami TRAIL**  
CITY-ST-ZIP **OSPReY FL 34229**

TITLE ☐ MGR ☐ Change ☐ Addition  
NAME **Ford, Susan D**  
STREET ADDRESS **8841 Huntington Pointe Drive**  
CITY-ST-ZIP **Sarasota, FL 34238-4112**

TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0063493

CR2E083 (10/02)