

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010196

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: DOVE DESIGN, L.L.C.

**Current Principal Place of Business:**

13103 FAULKNER PLACE  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

806 PAR CT.  
APOLLOBEACH, FL 33572

**Current Mailing Address:**

13103 FAULKNER PLACE  
RIVERVIEW, FL 33569

**New Mailing Address:**

806 PAR CT.  
APOLLOBEACH, FL 33572

FEI Number: 02-0619020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, JOAN M  
13103 FAULKNER PL  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

RAZICK, RICK S  
806 PAR CT  
APOLLO BCH, FL 33572 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: RICK S. RAZICK

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, JOAN M  
Address: 13103 FAULKNER PL  
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM (X) Delete  
Name: SCOTT, KIMBERLY R  
Address: 13106 FAULKNER PL  
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM (X) Delete  
Name: RAZICK, RICK S  
Address: 806 PAR CT  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RAZICK, RICK S  
Address: 806 PAR CT  
City-St-Zip: APOLLO BEACH, FL 33572

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICK S. RAZICK

MGRM

04/13/2009

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