

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

7/2

07-28-2003 90066 030 \*\*\*\*50.00

**DOCUMENT # L02000010196**

1. Entry Name  
**DOVE DESIGN, L.L.C.**



Principal Place of Business      Mailing Address  
**13103 FAULKNER PLACE      13103 FAULKNER PLACE**  
**RIVERVIEW FL 33569      RIVERVIEW FL 33569**

**55053665**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**02-0619020**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GOLD, AARON J**  
**704 WEST BAY STREET**  
**TAMPA FL 33606**

**7. Name and Address of New Registered Agent**

Name: **JOAN M. MILLER**  
Street Address (P.O. Box Number is Not Acceptable): **13103 FAULKNER PL**  
City: **RIVERVIEW**      FL      Zip Code: **33569**

8. The above named entry 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: *Joan M. Miller*      *JOAN M. MILLER*      7/25/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>JOAN M. MILLER</b>	
STREET ADDRESS	<b>13103 FAULKNER PL</b>	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KIMBERLY R. BOOTH</b>	
STREET ADDRESS	<b>13106 FAULKNER PL</b>	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>RICK S. RAZICK</b>	
STREET ADDRESS	<b>806 PAL CT</b>	
CITY-ST-ZIP	<b>APALDO Bch, FL 33572</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Joan M. Miller*      **SIGNATURE REQUIRED**      7/25/03      813-645-8660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (4/03)