

**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 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: *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. Scott</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)