				1 7		
DOCUMENT # L9900006715 1. Entity Name DOVE CANYON, LLC				SECRETARY OF STATE DIVISION OF CORPORATIONS		
					00 SEP 18 AH 10: 02	
Principal Place of Busine	ess	Mailing Address				
C/O JIMMIE L. CHEW C/O JIMMIE L. CHEW					·	
5100 TAMIAMI TRAIL N SUITE 105 5100 TAMIAMI TRAIL N SUIT			Suite 10	5	U ·	
NAPLES FL 34103 NAPLES FL 34103					. 100110(1.020 10210 1011) PORT OPEN 40(11.002) AND AND 4111 FOR 1211 1211	
2. Principal Place of Business 3. Mailing Address					T TERRITORIA COMO TONINO CONTRACTORIO DELLA CONTRAC	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	#, etc.		DO NOT WRITE IN THIS SPACE		
Oh A Oh					4. FEI Number Applied For	
City & State City & State		City & State			4. FEI Number 65 - 9954315 Applied For Not Applicable	
Zip	Country Zip Cou		Cour	ptry CF 00 Additional		
Lip	334,		000.	,	5. Certificate of Status Desired Fee Required	
6. Nam	ne and Address of Current	Registered Agent	<u>.</u>		7. Name and Address of New Registered Agent	
				Name		
CHEW, JIMMIE L				0 Add (20 P. Al. 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
5100 TAMIAMI TRIAL N				Street Address (P.O. Box Number is Not Acceptable)		
SUITE 105	16 14	•				
NAPLES FL 34103				City	FL Zip Code	
8. The shove named ent	lity submits this statement fo	r the nurnose of changing its	register	ed office or regi	pistered agent, or both, in the State of Florida.	
o. The above harred on	inty sabrints this statement to	tine purpose of cribinging its	rogisto.	on tog	indicated agent, or point, in the date of horizon.	
SIGNATURE						
Signature, type	ed or printed name of registered agent of	and title if applicable. (NOT	E: Registere	per erutangia tnegA b	quired when reinstating) DATE	
				FEE IS \$50.0	_ • 1	
		Make Check Pa	yable t	o Departmen	nt of State	
		750 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15		. 3	ADDITIONOLOGICALIOCO	
9.	MANAGING MEMBE		10.		ADDITIONS/CHANGES Manager Change Addition	
TITLE		Delete	TITL NAM		Manager □ Change △A/Addition Gary R. Gorman	
NAME STREET ADDRESS					5100 Tamiami Trail N, Suite 105	
CITY-ST-ZIP		•		1 .	Naples, FL 34193	
TITLE NAME		☐ Delete	TITLE	i i	Change Addition	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	Delete	TITL	:	☐ Change ☐ Addition	
NAME		TTI Delete	NAM	I	9000034088591 -03/29/0801004023	
STREET ADDRESS				ET ADDRESS	00/00/00/00/00/00/00/00/00/00/00/00/00/	
CITY-ST-ZIP				-ST-ZIP	-03/23/0001001	
TITLE		☐ Delete	TITE		*****50.00 *****************************	
NAME		L Delete	NAM	I	- 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			CITY	-ST-ZIP		
TITLE		☐ Delete	TITL		☐ Change ☐ Addition	
NAME		UVIVIO	NAM		المناهر المناه	
STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIP		•	CITY	-ST-ZIP		
TITLE		☐ Delete	TITL		☐ Change ☐ Addition	
NAME	,		NAM	 	· —	
STREET ADDRESS	1		STRE	ET ADDRESS	•	
CITY-ST-ZIP			CITY	-ST-ZIP		
11. I hereby certify that to	he information supplied with	this filing does not qualify for	r the exe	nption stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the Information	
indicated on this repo	ort is true and accurate and	that my signature shall have empowered to execute this	the same	legal effect as	s if made under oath; that I am a managing member or manager of the	
minos adomy compe		1	· sport ac	. sqsoa by On	ringra- wwa - tottas assurant	
	CHARAT	UBE BEQUI		Carry D	. Gorman 9-14-00 303-773-6838	
SIGNATURE:	SIGNATURE AND DOSED OR PRIN	TED NAME OF SIGNING MANAGING			Date Daytime Phone #	
	THE PROPERTY OF PARTY OF PARTY.	ITAME OF SIGNAL PARAGRAS		·· moneygica	· Daid Dayling Fixing *	