

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90050 038 \*\*\*\*50.00

**DOCUMENT # L03000004637**

1. Entity Name  
TOLBERT FITNESS COMPANY, LLC



Principal Place of Business  
1500 MIRACLE STRIP PARKWAY SE  
FORT WALTON BEACH, FL 32548

Mailing Address  
1500 MIRACLE STRIP PARKWAY SE  
FORT WALTON BEACH, FL 32548

**20040037**



04272006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2358094

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

SALVATORI & WOOD, P.L.  
4001 TAMiami TRL N, STE 330  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME TOLBERT, FRED E III  
STREET ADDRESS 1500 MIRACLE STRIP PARKWAY SE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FRED E TOLBERT III 4/27/06 850-243-9161**

Date

Daytime Phone #