

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046664

Entity Name: THE TUB DOCTOR LLC

FILED
Sep 06, 2006
Secretary of State

Current Principal Place of Business:

8434 MARCIA RD.
SOUTHPORT, FL 32409

New Principal Place of Business:

Current Mailing Address:

8434 MARCIA RD.
SOUTHPORT, FL 32409

New Mailing Address:

PO BOX 8331
SOUTHPORT, FL 32409

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, CORBIT W
8434 MARCIA RD.
SOUTHPORT, FL 32409 US

Name and Address of New Registered Agent:

ROBERTS, CORBIT W OWNER
8434 MARCIA RD.
SOUTHPORT, FL 32409 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: CORBIT W. ROBERTS

09/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ROBERTS, CORBIT W OWNER
Address: 8434 MARCIA RD
City-St-Zip: SOUTHPORT, FL 32409 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CORBIT W. ROBERTS

MGR

09/06/2006

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