


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000046664		
1. Entity Name THE TUB DOCTOR LLC		

Principal Place of Business 8434 MARCIA RD. SOUTHPORT, FL 32409	Mailing Address PO BOX 8331 SOUTHPORT, FL 32409
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
ROBERTS, CORBIT W OWNER 8434 MARCIA RD. SOUTHPORT, FL 32409	

FILED
08 NOV 19 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

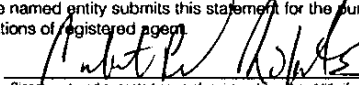


11072008 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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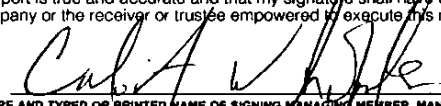
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 11/12/08

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, CORBIT W OWNER 8434 MARCIA RD SOUTHPORT, FL 32409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400138049234 11/18/08--01027--011 **143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 11/13/08