

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000130841

**Entity Name:** 22 TEMPLE LLC

**Current Principal Place of Business:**

390 BRIAN CIRCLE  
MARY ESTHER, FL 32569

**Current Mailing Address:**

390 BRIAN CIRCLE  
MARY ESTHER, FL 32569 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEEKS, MONICA L  
390 BRIAN CIR  
MARY ESTHER, FL 32569 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name WEEKS, PAUL E II  
Address 390 BRIAN CIRCLE  
City-State-Zip: MARY ESTHER FL 32569

Title MGR  
Name WEEKS, MONICA L  
Address 390 BRIAN CIRCLE  
City-State-Zip: MARY ESTHER FL 32569

Title MANAGER  
Name PACE, KATHRYN NICOLE  
Address 304 HOLLY  
City-State-Zip: DESTIN FL 32541

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL E. WEEKS II

MGR

04/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date