

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076386

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** TEMPLE FITNESS OF NWF, LLC

**Current Principal Place of Business:**

307 N MAIN STREET  
CRESTVIEW, FL 32536 US

**New Principal Place of Business:**

**Current Mailing Address:**

659 TERRITORY LANE  
CRESTVIEW, FL 32536 US

**New Mailing Address:**

**FEI Number:** 27-0725543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHROEDER, CORY R  
659 TERRITORY LANE  
CRESTVIEW, FL 32536 US

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

HICKMAN, JAMES A  
220 GOVERNMENT STREET  
SUITE 1  
NICEVILLE, FL 32578 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:** JAMES A HICKMAN

04/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** SCHROEDER, CORY R  
**Address:** 659 TERRITORY LANE  
**City-St-Zip:** CRESTVIEW, FL 32536 US

**Title:** VP  
**Name:** SCHROEDER, ASIA M  
**Address:** 659 TERRITORY LANE  
**City-St-Zip:** CRESTVIEW, FL 32536

I hereby 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:** CORY R SCHROEDER

P

04/12/2011

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