

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057363

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** SAFE HAVEN INSURANCE, LLC

**Current Principal Place of Business:**

1215 GRACE AVE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

287 BOB LITTLE DRIVE  
WEWAHITCHKA, FL 32465

**Current Mailing Address:**

P.O. BOX 821  
PANAMA CITY, FL 324020821

**New Mailing Address:**

**FEI Number:** 36-4636750      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

SEARCY, KENNETH H  
1215 GRACE AVE  
PANAMA CITY, FL 32401      US

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

SEARCY, KENNETH H  
287 BOB LITTLE DRIVE  
WEWAHITCHKA, FL 32465      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: KENNETH H SEARCY

05/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SEARCY, KENNETH H  
**Address:** 287 BOB LITTLE DRIVE  
**City-St-Zip:** WEWAHITCHKA, FL 32465

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: KENNETH H SEARCY

MAN

05/04/2010

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