

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106954

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** SECURE LEGACY FOUNDATION, LLC

**Current Principal Place of Business:**

1333 PARKWOOD STREET  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 47746  
TAMPA, FL 33646

**New Mailing Address:**

1333 PARKWOOD STREET  
CLEARWATER, FL 33755

**FEI Number:** 27-3674401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARLES, CARL H  
16303 ENCLAVE VILLAGE DR  
SUITE #103  
TAMPA, FL 33647 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CHARLES, CARL H  
**Address:** 16303 ENCLAVE VILLAGE DR  
**City-St-Zip:** TAMPA, FL 33647

**Title:** MGRM  
**Name:** KINCH, MARIA A  
**Address:** 16303 ENCLAVE VILLAGE DR  
**City-St-Zip:** TAMPA, FL 33647

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:** CARL H. CHARLES

MGRM

04/28/2012

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