2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002804

1. Entity Name
SAFE AND SECURE RESPITE CARE, LLC

Principal Place of Business	Mailing Address
3091 SKYLINE DRIVE CRESTVIEW, FL 32539	3091 SKYLINE DRIVE CRESTVIEW, FL 32539

02102006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3548573
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TINGLE, D. CRAIG ESQ
3091 SKYLINE DRIVE
CRESTVIEW, FL 32539

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TINGLE, SANDRA A MSW, MA
STREET ADDRESS	3091 SKYLINE DRIVE
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	MGRM
NAME	TINGLE, JACOB D
STREET ADDRESS	3091 SKY LINE DRIVE
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/29/06-80232-002 50.00

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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 605, Florida Statutes.

SIGNATURE: Sandra A Tingle MSW, MA 4/12/06 850-983-122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Sandra A. Tingle