

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002804

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** SAFE AND SECURE RESPITE CARE, LLC

**Current Principal Place of Business:**

3215 E JAMES LEE BLVD  
CRESTVIEW, FL 32539 US

**New Principal Place of Business:**

**Current Mailing Address:**

3215 E JAMES LEE BLVD  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

**FEI Number:** 59-3548573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TINGLE, D. CRAIG ESQ  
537 STAHLMAN AVE  
DESTIN, FL 32541 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 ( ) Delete  
**Name:** TINGLE, SANDRA A MSW, MA  
**Address:** 3215 E JAMES LEE BLVD  
**City-St-Zip:** CRESTVIEW, FL 32539

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** TINGLE FAMILY TRUST  
**Address:** 537 STAHLMAN AVENUE  
**City-St-Zip:** DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** SANDRA A. TINGLE

MGRM

04/13/2009

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