

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000002804

**FILED**  
**Mar 07, 2011**  
**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:**

535 STAHLMAN AVENUE  
DESTIN, FL 32541 US

**New Mailing Address:**

**FEI Number:** 59-3548573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

TINGLE, D. CRAIG ESQ  
535 STAHLMAN AVE  
DESTIN, FL 32541 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:

03/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TINGLE FAMILY IRREVOCABLE TRUST  
Address: 537 STAHLMAN AVENUE  
City-St-Zip: DESTIN, FL 32541

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: SANDRA A. TINGLE, MSW, MA

MGRM

03/07/2011

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