

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000211553

Entity Name: RH INVESTMENT CLUB, LLC

Current Principal Place of Business:

21202 BRAVEHEART DR.
LEEBOURG, FL 34748

Current Mailing Address:

21202 BRAVEHEART DR.
LEEBOURG, FL 34748 US

FEI Number: 81-0930591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHLEICH, RONALD H
21202 BRAVEHEART DRIVE
LEESBURG, FL 34748 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: RONALD H. SCHLEICH

02/09/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SCHLEICH, RONALD H.
Address 21202 BRAVEHEART DR.
City-State-Zip: LEEBOURG FL 34748

Title AMBR
Name ENGQUIST, DENNIS G
Address 21124 BRAVEHEART DR.
City-State-Zip: LEEBOURG FL 34748

Title AMBR
Name SCHIELKE, HENRY R
Address 4909 SAINT ANDREWS ARC
City-State-Zip: LEEBOURG FL 34748

Title AMBR
Name GILBOY, BRIAN J
Address 21020 ROYAL SAINT GEORGES LANE
City-State-Zip: LEEBOURG FL 34748

Title AMBR
Name PADGETT, CLYDE O
Address 221120 BRAVEHEART DR.
City-State-Zip: LEEBOURG FL 34748

Title AMBR
Name BOVEN, JAMES A.
Address 21206 BRAVEHEART DRIVE
City-State-Zip: LEESBURG FL 34748

Title AMBR
Name RODE, JR, ALBERT E.
Address 5543 SIR CHURCHILL DRIVE
City-State-Zip: LEESBURG FL 34748

Title AMBR
Name BRADFORD, ROY D.
Address 21306 BRAVEHEART DRIVE
City-State-Zip: LEESBURG FL 34748

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HENRY ROBERT SCHIELKE

TREASURER

02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date