

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000007789**

1. Entity Name  
RCG INVESTMENT, L.L.C.



Principal Place of Business  
2810 COPTER RD.  
PENSACOLA, FL 32514

Mailing Address  
PO BOX 7548  
PENSACOLA, FL 32534



01062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3629382

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBERTSON, WILSON B  
2810 COPTER ROAD  
PENSACOLA, FL 32514

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000379757  
01/10/06-80035-007 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
MGRM  
ROBERTSON, WILSON B  
2810 COPTER RD.  
PENSACOLA, FL 32514

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
MGRM  
COTTON, WAYNE C  
517 DRACENA WAY  
GULF BREEZE, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
MGRM  
GLEATON, ERIC L  
102 EAST NINE MILE ROAD  
PENSACOLA, FL 32534

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** Wayne Cotton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 1-6-06

Daytime Phone # 850-476-7986