

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000000791

**Entity Name:** REGIONAL INVESTMENT GROUP LLC

**Current Principal Place of Business:**

56 RAINBOW DR  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

56 RAINBOW DRIVE  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 59-3400076

**Certificate of Status Desired:** No

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

CHICHESTER, PAMELA S  
56 RAINBOW DRIVE  
CRAWFORDVILLE, FL 32327 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:** PAMELA S. SCHICHESTER

01/22/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CHICHESTER, PAMELA S  
Address 525 WAKULLA ARRAN ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title MGRM  
Name CHICHESTER, ERNEST E JR.  
Address 525 WAKULLA ARRAN ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title MGRM  
Name RADLEY, JILL  
Address 75 ZION HILL RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title MGRM  
Name DAVIS, EZEKIEL  
Address 75 ZION HILL RD  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** PAMELA S CHICHESTER

MANAGING MEMBER

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date