

**2016 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:**

PO BOX 5805  
TALLAHASSEE, FL 32314

**FEI Number:** 59-3400076

**Certificate of Status Desired:** No

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

WALSH, ROBERT H  
3452 GARBER DRIVE  
TALLAHASSEE, FL 32303 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WALSH, ROBERT H  
Address 3452 GARBER DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name WALSH, MARY F  
Address 3452 GARBER DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name GERRELL, TED C  
Address 650 RIVER PLANTATION RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title MGRM  
Name GERRELL, DIANNE R  
Address 650 RIVER PLANTATION 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:** MARY WALSH

**PARTNER**

**03/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date