

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001084

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: DIEL GROUP, LLC

**Current Principal Place of Business:**

8509 NW COUNTY ROAD 25A  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

8509 NW COUNTY ROAD 25A  
OCALA, FL 34475

**New Mailing Address:**

FEI Number: 51-0563227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIEL, CHAD  
8509 NW COUNTY ROAD 25A  
OCALA, FL 34475 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DIEL, CHAD  
Address: 8509 NW COUNTY ROAD 25A  
City-St-Zip: Ocala, FL 34475

Title: MGR ( ) Delete  
Name: DIEL, DREW SR  
Address: 8509 NW COUNTY ROAD 25A  
City-St-Zip: Ocala, FL 34475

Title: MGR ( ) Delete  
Name: DIEL, DREW JR  
Address: 8509 NW COUNTY ROAD 25A  
City-St-Zip: Ocala, FL 34475

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHAD DIEL

MGRM

04/04/2007

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