


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000001084
 1. Entity Name
 DIEL GROUP, LLC



Principal Place of Business Mailing Address
 8509 NW COUNTY ROAD 25A 8509 NW COUNTY ROAD 25A
 Ocala, FL 34475 Ocala, FL 34475

DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0563227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIEL, CHAD
 8509 NW COUNTY ROAD 25A
 Ocala, FL 34475

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

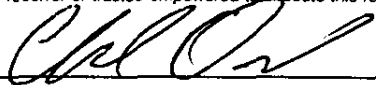
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIEL, CHAD 8509 NW COUNTY ROAD 25A OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIEL, DREW SR 8509 NW COUNTY ROAD 25A OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIEL, DREW JR 8509 NW COUNTY ROAD 25A OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000786895
 01/17/08-80053-025 138.75

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:  1-9-08 352-732-9221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #